



Italian Workmen's Club Membership Application

914 Regent St.
Madison, WI 53715
608 258-1880

Application Date: _____

First Name: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Occupation (if retired, former occupation): _____

Employer: _____ Skills: _____

Date of Birth: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

E-mail Address: _____

Membership Rules: In order for a man to be considered for membership:

- A member of the club who is in good standing must sponsor you.

Check One:

- You must be at least 1/8 Italian
 Your spouse/significant other must be at least 1/8 Italian

Italian Relation Name(s): _____

Spouse / Significant Other Name: _____

Sponsoring Member: _____

Membership Dues: **\$65/yr**

You must appear before and be approved by the IWC council (meets 2nd Tuesday of the month), then attend the general membership meeting (meets 3rd Tuesday of the month) and be approved by the membership. All meetings are held at the IWC clubhouse at 6:30 PM.

Member's Pledge (to be read upon approval by the membership):

"I, (state your name), promise under oath, to fulfill the mission and actively help my fellow members to fully embrace the policies and duties incorporated in the by-laws of Club Lavoratori Italiani Sicilia (Italian Workmen's Club). Furthermore, I pledge to work for the moral and material betterment of the Club by lending my time and talent and thereby, to be worthy of the honor accorded me, in being entrusted with membership."

Applicant's Signature: _____

I am interested in participating in the following club events, activities or committees:

- | | | |
|--|--|---|
| <input type="checkbox"/> Festa Italia | <input type="checkbox"/> Christmas Parties | <input type="checkbox"/> Building Committee |
| <input type="checkbox"/> Golf Outing | <input type="checkbox"/> Kitchen Help (Meetings) | <input type="checkbox"/> Newsletter Committee |
| <input type="checkbox"/> IWC Picnic | <input type="checkbox"/> Scholarship Committee | <input type="checkbox"/> Membership Committee |
| <input type="checkbox"/> Website Committee | <input type="checkbox"/> Sister City | <input type="checkbox"/> Other _____ |

For more information about the IWC, visit our website: iwcmadison.com Copies: 1 copy to
Membership Secretary, 1 copy for Mailing List Curator, Original is filed in the office