



APPLICATION FOR MEMBERSHIP

Date: _____

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Home Phone: (_____) _____ - _____

Business Phone: (_____) _____ - _____

Email: _____

Profession: _____

Name of Organization of which you are a member:

I hereby apply for membership and agree to abide by the Constitution and By-Laws of the Joint Civic Committee of Italian Americans.

Recommended by: _____

Approved by: _____

Signature: _____

Enclosed is my check for \$ _____

JCCIA Membership Fees

Individual	\$ 25.00
Affiliate Organization Membership Fee	\$100.00
Women's Division	\$ 30.00
West Suburban Women's Division	\$ 30.00
Young Professionals Division	\$ 30.00