

## 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, for	mer occupation):		
Employer:	Skills:		
Date of Birth:			
Home Phone:	Cell Phone:	Work Phone:	
E-mail Address:			
	order for a man to be considered who is in good standing must sp		
Check One:  ☐ You must be at least ☐ Your spouse/signification	1/8 Italian ant other must be at least 1/8 Ital	lian	
Italian Relation Name(s):			
Sponsoring Member:			
Membership Dues: \$60/y	r		
general membership meet		ncil (meets 2 <sup>nd</sup> Tuesday of the month), the onth) and be approved by the membership.	
"I, (state your name), pro embrace the policies and Workmen's Club). Furth	duties incorporated in the by-lavermore, I pledge to work for the t	ership): ission and actively help my fellow member: ws of Club Lavoratori Italiani Sicilia (Itali moral and material betterment of the Club accorded me, in being entrusted with men	ian by lending
Applicant's Signature:			
I am interested in particip	ating in the following club event	ts, activities or committees:	
Festa Italia Golf Outing IWC Picnic Website Committee	☐ Christmas Parties ☐ Kitchen Help (Me ☐ Scholarship Comme	<u> </u>	

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