

Krewe of Italia Membership Application

First Name: _____ Middle Initial _____ Last Name _____

Home address: _____

City: _____ State: _____ Zip code: _____

E-mail address: _____

Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone: (____) _____

Place of Birth: _____ Date of Birth: _____

Marital Status: (Circle) M or S Spouses Name: (If applicable) _____

Children's name: _____

Name of Employer: _____

Address: _____

Phone: _____

Occupational Skills: _____

Emergency contact information: Name: _____ Relationship: _____

Emergency contact phone number: (____) _____

Are you related to a Krewe member through marriage or blood? Circle: Yes or No

If yes, please give the names of Krewe member (s) and relationship: _____

Are you a member of another Krewe? If so please list: _____

I hereby make this application for membership in the Krewe of Italia. I also understand that I must be a current member of the Italian Club. I affirm that the information contained herein is the truth to the best of my knowledge. I further understand that I must remit with my application, a check in the amount of \$250.00, which is my first years dues and member fee for the Italian Club of Tampa (Please attach ICOT membership application). I also affirm that I will conduct myself at all time in a manner that would not damage the name or reputation of the Krewe of Italia nor the Italian Club of Tampa. I also affirm that I will abide by the rules set forth in the Bylaws and Policies and Procedures of the Krewe of Italia. **Please make checks payable to The Krewe of Italia.**

Applicant Name: _____

Applicant's Signature: _____

Office use only:

Italian club member: Yes No

IC Application attached Yes No

If No give reason: _____

Date Received: _____ *Staff Initials:* _____

Payment Enclosed _____