



Chicagoland Italian American Charitable Organization

MEMBERSHIP APPLICATION

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1. NAME _____ ADDRESS _____
 2. CITY, STATE ZIP _____
 3. ORIGIN OF BIRTH _____ (City/Country) DATE OF BIRTH _____
 4. HOME PHONE (_____) _____ CELL PHONE (_____) _____ FAX (_____) _____
 5. BUSINESS PHONE (_____) _____
 6. MARRIED _____ SINGLE _____ DIVORCED _____ WIDOWER _____ WIFE'S NAME _____
CHILDREN'S NAMES _____

 7. CURRENT OR PAST OCCUPATION _____ COMPANY/EMPLOYER _____
 8. COMPANY ADDRESS _____ CITY, STATE ZIP _____
 9. MEMBERSHIP/TITLE IN OTHER ORGANIZATIONS _____

 10. SPECIAL INTERESTS/HOBBIES _____

 11. Schools Attended / Parish as a Kid _____
 12. E-Mail Address _____
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I HEREBY APPLY FOR MEMBERSHIP AND AGREE TO ABIDE BY THE CONSTITUTION AND BY-LAWS OF THE CHICAGOLAND ITALIAN AMERICAN CHARITABLE ORGANIZATION.

Date _____ Signature _____

Member / Sponsor _____