

# West Albany Italian Benevolent Society Women's Auxiliary

## Membership Application

(please print)

\_\_\_\_\_  
Name

\_\_\_\_\_  
Age

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Occupation

\_\_\_\_\_  
Employer

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Business Phone

### SOCIETY MEMBER'S NAME AND RELATIONSHIP:

\_\_\_\_\_  
APPLICATION FEE \$5.00

APPLICANT'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

.....  
DATE THE APPLICATION RECEIVED: \_\_\_\_\_

PLEASE CHECK IF FEE RECEIVED: \_\_\_\_\_

### CERTIFICATION OF MEMBERSHIP:

WE, YOUR OFFICERS, HAVE INVESTIGATED THE ABOVE APPLICANT, AND \_\_\_\_\_ OR \_\_\_\_\_ RECOMMEND  
THIS APPLICANT FOR ADMISSION. (DO) (DO NOT)

\_\_\_\_\_  
PRESIDENT

\_\_\_\_\_  
VICE PRESIDENT

\_\_\_\_\_  
SECRETARY

\_\_\_\_\_  
TREASURER