West Albany Italian Benevolent Society
Women's Auxiliary

Membership Application

(Please Print)

_____ _____ _____-_____-_____
Name Age Phone

_____ _____
Street City, State Zip Code

_____ _____
Date of Birth Occupation

_____-_____-_____
Employer Business Phone

Email Address

SOCIETY MEMBER'S NAME AND RELATIONSHIP:

_____ _____
Society Member Name Relationship

Application Fee $15.00

Applicant's Signature _____
Date : _____

DATE THE APPICATION RECEIVED: _____ PLEASE CHECK IF FEE RECIEVED _____

CERTIFICATION OF MEMEBERSHIP:
We, Your Officers, have investigated the above applicant and _____ or _____
Recommend this applicant for Admission. (Do) (Do Not)

Date approved by Auxiliary Membership _____

_____ PRESIDENT

_____ VICE PRESIDENT

_____ SECRETARY

_____ TREASURER