



FOGOLAR FURLAN MEMBERSHIP APPLICATION

PLEASE PRINT:

FAMILY NAME _____ GIVEN NAME _____

ADDRESS _____ CITY _____

PROVINCE _____ POSTAL CODE _____ COUNTRY _____

TELEPHONE NO _____ EMAIL _____

DATE OF BIRTH _____ PLACE OF BIRTH _____

CITIZENSHIP _____

IF YOU WERE NOT BORN IN THE FRIULI REGION, PLEASE COMPLETE THE NEXT 2 LINES

DERIVATIVE OF FRIULI ANCESTRY _____
(Name(s) & Relationship)

TOWN AND PROVINCE OF BIRTH _____

MARITAL STATUS _____ NUMBER OF DEPENDENTS _____

LANGUAGE(S) SPOKEN

English Italian Friulan Other

EMPLOYMENT _____

HAVE YOU EVER BEEN A MEMBER OF THE FOGOLAR FURLAN CLUB? _____

IF YES, STATE REASON FOR LEAVING _____

WHY DO YOU WANT TO BECOME A MEMBER OF THE FOGOLAR FURLAN CLUB? _____

POSSIBLE INTERESTS AT THE FOGOLAR FURLAN CLUB

BLDG COMM. WOMEN'S ASSOC. SPORTS VOLUNTEERING

Please note, after one year of Membership in good standing, you will be eligible for:

1. Member's Discounts
2. Scholarship Application – College or University for yourself and your children
3. Nomination to the Fogolar Furlan Board of Directors

IF ACCEPTED AS A MEMBER OF THE FOGOLAR FURLAN CLUB OF WINDSOR, I DO HEREBY AGREE TO OBEY THE CONSTITUTIONAL LAWS, RULES AND REGULATIONS ENACTED OR THOSE THAT MAY BE ENACTED BY THE COUNCIL AND THE GENERAL ASSEMBLY.

SIGNATURE OF APPLICANT _____

DATE _____

APPLICATION SPONSORS MUST BE 2 FOGOLAR FURLAN CLUB MEMBERS IN GOOD STANDING THAT ARE NOT IMMEDIATE FAMILY MEMBERS

1. _____
Name (Please Print) Signature

2. _____
Name (Please Print) Signature

ACCEPTED OR REFUSED _____ **Date** _____

Secretary _____

Note: Application will not be accepted if Initiation Fee of \$100 does not accompany application

MEMBERSHIP DUES

\$100/year – payable upon acceptance of application by the General Membership. Dues are payable yearly by the last day of February