



APPLICATION FOR MEMBERSHIP

Applicant must complete this section in its entirety before submitting:

1. Name: Last _____ First _____ Middle _____

Maiden _____

2. Residence Address: _____

Street

_____ City _____ State _____ Zip _____ Home phone _____ Cell phone _____

3. Date of Birth: ____/____/____ Email _____

4. Business Name: _____ Occupation: _____

Business Address: _____

Street

_____ City _____ State _____ Zip _____

Business Telephone _____

If retired, state former occupation: _____

5. Designate preferred mailing address: Residence _____ Business _____

6. Marital Status: Single _____ Married _____ Divorced _____ Widowed _____

7. Are you of Italian descent? Yes ___ No ___ If so, what region, city or province of Italy? _____

8. State your Italian ancestry (names and relationships): _____

9. Place of Birth: City, State and Country: _____

10. Spouse's name: Last _____ First _____ Middle _____ Maiden _____

11. Is spouse of Italian descent? Yes ___ No ___ If so, what region, city or province of Italy? _____

12. State spouse's Italian ancestry (names and relationships): _____

13. Names and ages of sons and daughters: _____ Age: _____; _____ Age: _____
_____ Age: _____; _____ Age: _____; _____ Age: _____

14. List the names of other organizations of which you are now, or have been, a member including any office or committee chairperson held in those organizations:

15. State why you would like to join the Peninsula Italian American Social Club:

16. Do you have any interest in becoming an officer, a committee chairperson or serving on a committee?
Yes _____ No _____ Possibly _____

17. State the names of your relatives or friends who are or have been members of the PIASC:

18. State the names of your spouse's relatives or friends who are or have been members of the PIASC:

19. State the names of your two sponsors:

20. If elected to the membership, I agree to abide by the bylaws, rules and regulations of the Peninsula Italian American Social Club of San Mateo:

Signature of Applicant: _____ Date _____

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Two members that are in good standing must fully complete this section before submitting:

1. Sponsor's Name (print): _____

Signature: _____ Phone number: _____

State how long you have known this applicant: _____

2. Sponsor's Name (print): _____

Signature: _____ Phone number: _____

State how long you have known this applicant: _____

PIASC use: Class of Membership: Regular: _____ Social: _____ Received: ____/____/____



Our Mission

Our mission is to promote the Italian culture among Italian-Americans of the San Francisco Bay Area, and to ensure a lasting legacy for their descendants. We bring members, their families, and friends together to enjoy Italian food, festivities, and traditions.

The Peninsula Italian American Social Club encourages fellowship, friendship and participation of our members. To insure that our members experience a rich cultural experience, please select *a minimum of one committee* to serve on and share your skills, talents, or interests. The added benefit of serving on a committee is an opportunity to become acquainted with existing members and club activities.

Please indicate a committee(s) below that you would like to serve on and you will be provided with additional information:

- | | |
|-------------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Administrative Support | <input type="checkbox"/> Maintenance/Grounds |
| <input type="checkbox"/> Annual Picnic | <input type="checkbox"/> Marketing/Outreach |
| <input type="checkbox"/> Bocce | <input type="checkbox"/> Membership |
| <input type="checkbox"/> Educational Classes | <input type="checkbox"/> Restaurant/Bar |
| <input type="checkbox"/> Golf Tournament | <input type="checkbox"/> Scholarship |
| <input type="checkbox"/> Special Dinner Events | |

Name: _____

Phone: _____ Cell: _____

E-mail: _____