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 ___ What region, city or province of Italy? _____No_____

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 ___What region, city or province of Italy? _____ No
____

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: ____/_____/____

Rev. 03/01/2017

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 Circle a committee(s) that you would like to serve on and you will be provided with additional information.

Administrative Support
Annual Picnic
Bocce
Educational Classes
Golf Tournament
Maintenance/Grounds
Marketing/Outreach
Membership
Restaurant/Bar
Scholarship
Special Dinner Events

Name

Phone Cell

E-mail