

## The Downriver Italian-American Club®

646 Biddle Avenue & Wyandotte, MI 48192-2727 & Tel. (734)285-4044 & Fax. (734)285-3752 & Web: www.diac.us

## **Application for Associate Membership**

Name:		Date of Birth:
Spouse (Maiden) Name:		Date of Birth: Anniversary:
Address:		Telephone: ( )
City:	State:	ZIP Code: +
Other Club Affiliations:		
Place of Birth:		
City	State	Country
Citizenship:	Occupa	ation:
Marital Status: Single [ ]	Married [ ]	Widow/Widower [ ]
Education: (Optional) Element	ary[] Secondary[]	High School [ ] University [ ]
If Trade/College/University Gra	aduate, Specify Skill/Deg	gree:
Would you be willing to help du	ıring club functions and	events? Yes [ ] No [ ] Maybe [ ]
Children under 18 years:	Age:	Do not write in the block below:
		Membership Date:
		Membership Chairperson:
Recommended by (Member in	good standing):	
If you are a son or daughter of a	ı club member, please lis	st their name(s):
Date:	S	iignature:
Applicant must be 18 years or o	older.	
Membership Initiation fee Fam	ily or Single: \$50.00	
Initiation fee for a son or daugh	ter of a Member in good	d standing: \$25.00
Yearly Membership Dues: Fam	ily Couple: \$60.00 S	Single: \$30.00

Payment must be submitted with this application. Payment will be refunded if membership is denied. (Partial

year dues are pro-rated by the months remaining.)