



MEMBERSHIP APPLICATION

Applicant's Name _____ DOB _____

Spouse's Name _____ DOB _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Mailing Address _____

City _____ State _____ Zip _____

Email _____

Hometown _____ How Long Have You Lived in the Area? _____

Business Affiliation _____ Phone _____

Business Description _____

Clubs or Activities _____

Volunteer Opportunities - Circle Your Choice(s):

Bocce Tournament, Sunday Dinner, Italian Heritage Festival, ZIN Fest, Opera Night, Golf Tournament

Club Sponsor Name _____ Shirt Size: M L XL 2XL

\$100: Initial Membership \$50: Yearly Dues

Applicant's Signature _____ Date _____

Return Completed Form to: IACHH, P.O. Box 21736, Hilton Head Island, SC 29925
Make Check Payable to: IACHH

For More Information on the Italian American Club of Hilton Head Island Contact John DeCecco
(401) 524-1416 or jdc3@hargray.com

Membership Approved: YES NO Date _____