



CLUB ROMA (ST. CATHARINES) INC.
 125 Vansickle Rd St. Catharines, Ontario. L2S 3W4 Phone: (905) 682-7621 FAX: (905) 682-8811

APPLICATION FOR MEMBERSHIP – DOMANDA D'ISCRIZIONE

SURNAME – COGNOME	FIRST NAME – NOME	DATE OF BIRTH – DATA DI NASCITA ____/____/____ Month Day Year
ADDRESS – INDIRIZZO	CITY – CITTA	POSTAL CODE
TELEPHONE NUMBER – NUMERO DI TELEFONO	E-MAIL address:	OCCUPATION-OCCUPAZIONE
PLACE of BIRTH – Luogo di Nascita (City,Province Country)	- Città, Provincia, Nazione)	PLACE OF EMPLOYMENT – POSTO DI LAVORO
SPOUSE'S NAME (MAIDEN NAME, if applicable)	SPOUSE'S OCCUPATION	NUMBER OF CHILDREN UNDER 16 – NUMERO DI FIGLI SOTTO 16 ANNI

Option # 1 - Full voting membership: open to individuals of Italian descent & spouses

I, THE CANDIDATE, WISH TO BECOME A **FULL VOTING MEMBER** OF CLUB ROMA, ACCEPTING ALL THE EXISTING RULES, BY-LAWS, REGULATIONS, AND ALL SUCCESSIVE REGULATIONS APPROVED BY THE MAJORITY OF THE MEMBERSHIP.
 IO, IL CANDIDATO, DESIDERA DIVENTARE SOCIO DEL CLUB ROMA, DOVRA OSSERVARE TUTTE REGOLE REGOLAMENTI DETTATI DALLA MAGGIORANZA DEI SOCI.

Option # 2 Social membership: available to non-Italians whose spouse is also not Italian

I, THE APPLICANT, WISH TO BECOME A **NON-VOTING SOCIAL MEMBER** OF CLUB ROMA, ACCEPTING ALL THE EXISTING RULES, BYLAWS, REGULATIONS, AND ALL SUCCESSIVE REGULATIONS.

Date – Data

Signature – Firma

THIS APPLICATION MUST BE ACCOMPANIED BY THE NECESSARY INITIATION FEE AND DUES, AND SPONSORED BY TWO (2) ACTIVE MEMBERS TO BE VALID FOR REVIEW BY THE MEMBERSHIP COMMITTEE. IF THE APPLICANT IS A SON OR DAUGHTER OF AN ACTIVE MEMBER HE OR SHE SHALL THEN COMPLY WITH OUR BY-LAWS.

LA DOMANDA DOVRA' ESSERE ACCOMPAGNATA DA UNA QUOTA NECESSARIA A PAGARE LA TESSERA E LA TASSA D'ISCRIZIONE. IL NUOVO CADIDATO DEVE ESSERE PRESENTATO DA DUE (2) SOCI EFFETTIVI. INOLTRE IL CADIDATO DOVRA' AVERE UN'INTERVISTA COL COMITATO NUOVI SOCI. SI RENDE NOTO CHE I COGIUNTI DEI SOCI O I FIGLI SOOTO I TRETA ANNI DI ETA, CHE VOGLIONO DIVENTARE SOCI, NON SARANNO SOGGETTI ALLA TASSA D' INSCRIZIONE, MA DOVRANO PAGARE LA TESSERA ANNUALE E OSSERVARE TUTTE LE ESISTENTI REGOLE E REGOLAMENTI.

	\$ 88.50	+	\$ 11.50	=	\$ 100.00			
\$150.00	+	\$ 88.50	+	\$ 31.00	=	\$ 269.50	\$	_____
Initiation Fee	Dues	H.S.T.	Total	Total paid	method of payment	_____	_____	_____
					_____	_____	_____	_____
					_____	_____	_____	_____
					_____	_____	_____	_____
					_____	_____	_____	_____

Sponsor 1 – Primo Testimone

Signature - Firma

Sponsor 2- Secondo Testimone

Signature - Firma

PLEASE INDICATE BELOW, WHICH COMMITTEE(S) INTEREST YOU & MORE INFORMATION WILL GLADLY BE PROVIDED

- Women's Auxiliary Soccer Association Retirees' Group Bingo Committee Boccefilla
 Events Committee Club Roma Choir Youth Group Members' Social Committee

THE MEMBERSHIP COMMITTEE WILL REVIEW THIS APPLICATION, AND MAKE A RECOMMENDATION FOR ACCEPTANCE OR REJECTION, TO THE BOARD OF DIRECTORS, WHOSE DECISION SHALL BE FINAL.
 LA COMMISSIONE NUOVI SOCI DEVE ESAMINARE LA DOMANDA D'ISCRIZIONE E DECIDERE SE PRESENTARLA ALL'ESECUTIVO PER ESSERE APPROVATA

FOR OFFICE USE: DATE APPROVED: _____ ENTERED ON MEMBERSHIP LIST: _____

