



CENTRAL VERMONT'S ITALIAN AMERICAN CLUB
20 BECKLEY ST
BARRE, VT 05641

MEMBERSHIP APPLICATION

Date: _____

Name of Applicant: _____

Street Address: _____

PO Box #: _____

City or Town: _____

State: _____ Zip Code: _____

Optional: Email Address: _____

To Receive Mutuo Newsletter Via Internet

Telephone: _____

Date Of Birth: _____

Occupation: _____

Signature Of Applicant: _____

Sponsoring Member: _____

Date Accepted As A Member: _____

You Will Be Notified

**A \$10.00 initiation fee must be submitted with this application
*** PLUS \$2.50 per month for balance of year**

Annual dues there after will be \$30.00 payable by January 1st