



CENTRAL VERMONT'S ITALIAN AMERICAN CLUB

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BARRE, VT 05641

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MEMBERSHIP APPLICATION

Date: _____

Name of Applicant: _____

Address: _____

City or Town: _____ State: _____ Zip: _____

Email: _____

Telephone: _____ Date of Birth: _____

Occupation: _____

Sponsoring Member: _____

Signature of Applicant: _____

Application fee - \$30.00

Mutuo Use Only:

Amount Paid: _____

Receipt No. _____

Date Accepted: _____

Entered in System: _____

Card Sent: _____

2/14/2024 Rev. 0002