

MEMBERSHIP INFORMATION FORM

(PLEASE PRINT CLEARLY)

LAST NAME: _____ (**FRIULAN DESCENT:** YES NO)
Please circle yes or no.

FIRST NAME: _____

DATE OF BIRTH: _____ **MEMBER SINCE (YEAR):** _____

SPOUSE'S/PARTNER'S LAST NAME: _____ (**FRIULAN DESCENT:** YES NO)
Please circle yes or no.

SPOUSE'S/PARTNER'S FIRST NAME: _____

DATE OF BIRTH: _____ **MEMBER SINCE (YEAR):** _____

CHILDREN'S NAMES: _____ **DATE OF BIRTH:** _____

_____ **DATE OF BIRTH:** _____

_____ **DATE OF BIRTH:** _____

_____ **DATE OF BIRTH:** _____

HOME ADDRESS: _____

POSTAL CODE: _____

HOME PHONE: _____ **CELL PHONE:** _____

E-MAIL ADDRESS: _____

TYPE OF MEMBERSHIP (SEE BACK OF FORM): _____

HISTORICAL DATA: IF PARENTS WERE MEMBERS - WHO THEY WERE, TOWN IN FRIULI THEY OR YOU ARE FROM, WHEN YOU AND/OR THEY IMMIGRATED FROM ITALY, ETC.:

**** Not required, but would be an important addition to our historical archives.*

***** PLEASE NOTE: ALL CONTACT INFORMATION WILL BE KEPT CONFIDENTIAL.**