

**ITALIAN-AMERICAN SOCIETY OF PEORIA**

Post Office Box 6276  
Peoria, IL 61601  
Italianamericansociety.com

**APPLICATION FOR MEMBERSHIP**

Please complete all information on both sides of application and sign the Eligibility/Oath statement

All applicants must have a sponsor who is a Society member in good standing. If you do not know a sponsor, an officer of the Society will automatically represent you. Your application will be submitted for approval by your sponsor at a monthly meeting of the Society's general membership. Your acceptance will be discussed and voted upon by the membership. If accepted, the annual membership fee will be applied, prorated as necessary, by the treasurer and you will be introduced to the assembly and asked to take the oath of the Society.

**I. PERSONAL INFORMATION: Please tell us about yourself and your family**

PRINT NAME \_\_\_\_\_ SPOUSE'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

BIRTHDATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_ SPOUSE'S BIRTHDATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_

OCCUPATION \_\_\_\_\_ OCCUPATION \_\_\_\_\_

CONTACT PHONE # \_\_\_\_\_ CONTACT PHONE # \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

CHILDREN \_\_\_\_\_

\_\_\_\_\_

PLEASE LIST THE NAME OF YOUR SPONSOR, IF YOU HAVE ONE \_\_\_\_\_

**ELIGIBILITY**

I declare to be over the age of 16 years, of Italian decent, married to a person of Italian decent, or personally interested in Italian heritage. I am in good health and of good moral conduct. (Article XI, Sec 1)  
I desire to be accepted as a member of the Italian American Society of Peoria.

OATH: I swear to be honest and true to the Italian American Society of Peoria, to observe its laws, and respect its officers and members, and to help them at all times. I swear never to speak against the Society, not to divulge any confidential matters, and to bring new members, thus helping the prosperity of the Society. I will also attend funeral ceremonies of deceased members when possible. (Article V, Section 9)  
I further understand that if I violate this oath I will be expelled from the Society with the right to appeal to the Arbitration Committee. (Article V, Section 10)

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_

I herewith tender \$ \_\_\_\_\_ Membership Fee for a period of \_\_\_\_\_ months. (Inquire as to your specific prorated amount.)

SPONSORED BY \_\_\_\_\_ SIGNATURE \_\_\_\_\_

APPROVED \_\_\_\_\_ DATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Corresponding Secretary

**II. ITALIAN HERITAGE: Please tell us about your family's Italian heritage**

APPLICANT'S (AND SPOUSE'S) ITALIAN FAMILY NAMES AND REGION OF ORIGIN (if known)

<u>Applicant</u>		<u>Spouse</u>	
FATHER _____	REGION _____	FATHER _____	REGION _____
MOTHER _____	REGION _____	MOTHER _____	REGION _____
GRANDPARENTS _____	REGION _____	GRANDPARENTS _____	REGION _____

DO YOU OR ANY MEMBERS OF YOUR FAMILY SPEAK ITALIAN? YES/NO WHO? \_\_\_\_\_

ARE YOU STILL IN CONTACT WITH MEMBERS OF YOUR FAMILY IN ITALY? YES/NO

HOW LONG HAVE YOU/YOUR FAMILY RESIDED IN THE PEORIA AREA? \_\_\_\_\_

**III. PERSONAL AND FAMILY INTERESTS: Please tell us about your interests**

PLEASE LIST HOBBIES AND ACTIVITIES THAT YOU AND YOUR FAMILY ENJOY.

\_\_\_\_\_

\_\_\_\_\_

IF YOU HAVE KNOWLEDGE OF SOCIETY ACTIVITIES, PLEASE CHECK THOSE WHICH WOULD INTEREST YOU AS A MEMBER.

- |   |  |
|---|--|
| <input type="checkbox"/> ANNUAL SUMMER FESTA PICNIC     | <input type="checkbox"/> SOCIETY WEB PAGE        |
| <input type="checkbox"/> ANNUAL COLUMBUS DAY OBSERVANCE | <input type="checkbox"/> FUNDRAISING/ADVERTISING |
| <input type="checkbox"/> ANNUAL CHRISTMAS PARTY         | <input type="checkbox"/> SPORTING EVENT OUTINGS  |
| <input type="checkbox"/> CHARITY/OUTREACH SERVICES      | <input type="checkbox"/> DINNER/THEATER OUTINGS  |
| <input type="checkbox"/> SCHOLARSHIP PROGRAM            | <input type="checkbox"/> WINERY TOURS            |
| <input type="checkbox"/> ITALIAN COOKING DEMONSTRATIONS | <input type="checkbox"/> TRAVEL TO ITALY         |
| <input type="checkbox"/> ITALIAN COOKBOOK               | <input type="checkbox"/> ITALIAN LANGUAGE        |

PLEASE LIST OTHER ACTIVITIES WHICH YOU FEEL MAY INTEREST THE SOCIETY MEMBERSHIP.

\_\_\_\_\_

\_\_\_\_\_

**DEATH BENEFIT BENEFICIARY**

Mr. / Mrs. / Ms \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

A death benefit of \$150 shall be paid if the deceased was a member for ten consecutive years, and in good standing. (Article XIII, Section 6)

Every member will bear in mind they are responsible for the reputation of the Society by their behavior, exhibited not only in the Assembly, but also in the community. (Article IX, Section 6)