



The Downriver Italian-American Club®

P.O. Box 1797 ♣ Southgate, MI 48195-0797 ♣ website: www.diac.us ♣ E-mail: diac1971@gmail.com

Application for Associate Membership

Name: _____ Date of Birth: _____

Spouse (Maiden) Name: _____ Date of Birth: _____ Anniversary: _____

Address: _____ Telephone: () _____

City: _____ State: _____ ZIP Code: _____ + _____

E-Mail Address: _____

Place of Birth: _____

City _____ State _____ Country _____

Citizenship: _____ Occupation: _____

Marital Status: Single [] Married [] Widow/Widower []

Education: (Optional) Elementary [] Secondary [] High School [] University []

If Trade/College/University Graduate, Specify Skill/Degree: _____

Would you be willing to help during club functions and events? Yes [] No [] Maybe []

Do not write in the block below:

Children under 18 years:

Age:

_____	_____
_____	_____
_____	_____
_____	_____

Membership Date: _____
Membership Chairperson: _____

Recommended by (Member in good standing): _____

If you are a son or daughter of a club member, please list their name(s): _____

Date: _____ Signature: _____

FORM REVISED/APPROVED: 2/9/2016

Applicant must be 18 years or older.

Membership Initiation fee: \$100.00 for a couple, \$50.00 for a single member

Initiation fee for a son or daughter of a Member in good standing: \$25.00

Yearly Membership Dues: Family Couple: \$60.00 Single: \$30.00

Full Payment must be submitted with this application. Payment will be refunded if membership is denied.
(Dues are prorated after June 30th.)

If you have any questions, please call: Frank Giannotti (Financial Corresponding Secretary) – (734)283-7394

Please Return Form and Payment Payable to: Downriver Italian American Club, P.O. Box 1797, Southgate, MI 48195-0797

For office use only:

Date Accepted: _____ Amount of Check: _____ Check # _____ Cash: _____ DIAC Receipt #: _____