



MEMBERSHIP APPLICATION

DOWNRIVER ITALIAN-AMERICAN CLUB

P.O. Box 1797 ♣ Southgate, MI 48195-0797 ♣ Tel. (734)282-1257 ♣ Web: www.diac.us ♣ E-mail: diac1971@gmail.com

Application for Associate Club 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: 1/7/2025

Applicant must be 18 years or older.

Membership Initiation fee: \$100.00 for a couple, \$50.00 for a single member. The initiation fee for a son or daughter of an active Club Member(s) in good standing: \$25.00 per single member, \$50.00 per couple.

Yearly Membership Dues: Family Couple: \$80.00 Single: \$40.00

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) – at (734)283-7394

Please Return this 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 #: _____