

BELLA ITALIA MEMBERSHIP APPLICATION



115 Village at Glynn Place, PMB #119
Brunswick, GA 31525
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www.bellaitaliagoldenisles.org

Mission Statement:

The mission of Bella Italia is to explore, preserve, and promote Italian culture, language, history, and traditions and to initiate and participate in social interactions through meetings, seminars, excursions, and various events.

The membership year runs a full year, and expires on the last day of your enrollment month in the following year. Payment is due with the application. The full-year dues are \$35 single and \$50 per couple.

*A \$10 returned check fee will be charged.

[Please print all information]

Last Name: _____

First Name: _____ Spouse _____

Address: _____ City/State/Zip _____

Home Phone: _____ Cell Phone: _____

Email: _____ 2nd Email: _____

Home State: _____ Spouse Home State: _____

Italian Heritage? yes ___ no ___ Spouse Italian Heritage? yes ___ no ___

Region of Italy? _____ Spouse Region of Italy? _____

Profession: _____ Spouse Profession: _____

Birthday Month & Day: _____ Spouse Birthday Month & Day: _____

PLEASE CHECK HOW YOU CAN HELP THE ASSOCIATION

Board of Directors:

___ Membership/Publicity ___ President ___ Treasurer

___ Social Activities/Cultural Activities ___ Vice President ___ Secretary

How did you hear about Bella Italia _____

All applicants signing this membership application are bound by the bylaws of Bella Italia, The Italian American Association of the Golden Isles.

Applicant's Signature: _____ Date: _____

Spouse's Signature: _____ Date: _____

For Office Use: Date Paid _____ Amt. Pd. \$ _____ Check No. _____ Cash: _____