

## Membership Application

Full Name	En	nail	
Address			
Street Address	City	State	Zip
Phone	C.t.,	State	<b>-</b> p
Membership is for			
<ul><li>New Applicant</li><li>Renewing My Existing IASJS Member</li></ul>	ership		
Are you willing to volunteer up to	10 hours for co	ommunity outread	ch?
Yes			
<ul><li>□ No</li><li>□ Other (Please explain below or on ba</li></ul>	ck of page)		
Total Due: \$150			
Please make your check payable to I	TALIAN AMERICA	AN St JOSEPH SOC	CIETY and mail to:
ITALIAN AMERICAN St JOSEPH SOCIE	TY		
c/o Sidney M. Cerami 100 Ulman Avenue			
Bay St. Louis, MS 39520			

Please use the space below or back of ths page if you would like to include additional information to share with our membership committee.

For questions, please call Sidney M. Cerami at (228) 342-4448.