



## APPLICATION FOR MEMBERSHIP

**This Special Application only Applies to Widows or Widowers of a Deceased Member**

**Applicant must complete this section in its entirety before submitting:**

1. Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Maiden \_\_\_\_\_
2. Residence Address: \_\_\_\_\_  
\_\_\_\_\_ Street  
\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_
3. Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Email \_\_\_\_\_
4. Are you of Italian descent? Yes \_\_\_ What region, city or province of Italy? \_\_\_\_\_ No \_\_\_

**If question #4 is "no" complete #7 and sign below.**

5. State your Italian ancestry (names and relationships): \_\_\_\_\_  
\_\_\_\_\_
6. Place of Birth: City, State and Country: \_\_\_\_\_
7. Deceased spouse's name: Last \_\_\_\_\_ First \_\_\_\_\_

I agree to abide by the bylaws, rules and regulations of the Peninsula Italian American Social Club of San Mateo:

Signature of Applicant: \_\_\_\_\_ Date \_\_\_\_\_