## For more information about the IAC

Please visit us on line at: iac-stockton.org

Or

Please follow us on Facebook and Instagram.







This application remains the property of the Italian Athletic Club of America, Stockton, CA

## To be completed by hiring committee

ACTION	DATE	
Application received		
Dues Paid Cash		
Dues Paid Check		
Dues Paid Other		
Reference Check		
Notes:		

[ ]FF	[ ]
Signature of Committe	e Member(s):

[ ] Not-approved

[ ] Approved

Italian Athletic Club of America Club for Italian Brotherhood

## **Membership Application**

Italian Athletic Club of America Membership Application A Private Club for Men of Italian Parentage 3541 Cherryland Avenue, Stockton CA 95215

Tele: (209) 931-9645; Website: StocktonIAC.com

Thanks for your interest in joining the Italian Athletic Club of America - Stockton. Please fill out this application and a member of our club will reach out to you to help you through the process. Thank you.

## MEMBERSHIP APPLICATION

APPLICANT NAME: (Last, First, MI)  ADDRESS:  HOME PHONE:  CELL PI  FATHER'S LAST NAME:  FATHER'S LAST NAME:  HAVE YOU EVER BEEN CONVICTED OF.	APPLICANT NAME: (Last, First, MI)  ADDRESS:  CELL PHONE:  CITY:  CITY:  CITY:  CITY:  STATE  STATE  ARE YOU OF ITALIAN DESCENT: YES NO  IS YOUR FATHER OF ITALIAN DESCENT: YES NO  FATHER'S LAST NAME:  FATHER / MOTHER'S NAMES ARE NOT ITALIAN HERITAGE, GIVE GRANDPARENT'S LAST NAMES:  FATHER / MOTHER'S NAMES ARE NOT ITALIAN HERITAGE, GIVE GRANDPARENT'S LAST NAMES:  HAVE YOU EVER BEEN CONVICTED OF A FELONY? (If yes, please explain the conviction, date, time, nature of crime)	DESCENT NC GRAN	CITY:  CITY:  STATE  CITY:  NO  ENT: YES NO  IS YOUR MOTHER OF ITALIAN DESCENT:  MOTHER'S MAIDEN NAME:  ANDPARENT'S LAST NAMES:  in the conviction, date, time, nature of crime)	STATE: ZIP:  SCENT: YES  of crime) YES	NO N
IS YOUR FATHER OF ITALIAN I		DESCENT	YES NO YOUR MOTHER OF ITALIAN DE		NO
IF FATHER / MOTHER'S NAME	S ARE NOT ITALIAN HERITAGE, G	VE GRAN	DPARENT'S LAST NAMES:		
HAVE YOU EVER BEEN CONVI	CTED OF A FELONY? (If yes, pleas	e explain t	he conviction, date, time, nature of		N <sub>O</sub>
ARE YOU WILLING TO DONATE	: /VOLUNTEER YOUR TIME:	YES	NO		
ARE YOU WILLING TO ATTEND CLUB MEETINGS:	OCLUB MEETINGS:	YES	NO		
SPONSORED BY: (please print)					
	ОАТН	OATH & AFFIRMATION	IATION		
I,any false statements will resuorganization. Violation of sucl	I,, do hereby declare the above statements are any false statements will result in immediate expulsion. Applicant swears to uphold all rules and regulations of organization. Violation of such could result in suspension or revocation of privileges.	, do he ant swear	do hereby declare the above statements are true and I understand swears to uphold all rules and regulations of the Italian Athletic Clubation of privileges.	ments are true an	true and I understand the Italian Athletic Club
This application must be comreviewed by the Membership	This application must be completed by the applicant and accompanied by annual dues (currently \$100.00). This application shall be reviewed by the Membership Screening Committee and if rejected, applicant's dues will be returned by the Italian Athletic Club.	ompaniec cted, app	by annual dues (currently \$ licant's dues will be returned l	100.00). This appli	cation shall be ic Club.
By affixing my signature to th	By affixing my signature to this application, I do swear allegiance to the Italian Athletic Club	ice to the	Italian Athletic Club.		
APPLICANT'S SIGNATURE:				DATE:	
SPONSOR'S SIGNATURE:					