

For more information about the IAC

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

Or

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**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:	

Approved Not-approved

Signature of Committee Member(s):

**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

**Italian Athletic Club of America
Club for Italian Brotherhood**



Membership Application

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)		DATE OF BIRTH:					
ADDRESS:		CITY:	STATE:	ZIP:			
HOME PHONE:	CELL PHONE:	EMAIL:					
ARE YOU OF ITALIAN DESCENT:		YES	NO				
IS YOUR FATHER OF ITALIAN DESCENT:	YES	NO	IS YOUR MOTHER OF ITALIAN DESCENT:	YES	NO		
FATHER'S LAST NAME:	_____		MOTHER'S MAIDEN NAME:	_____			
IF 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)						YES	NO
ARE YOU WILLING TO DONATE / VOLUNTEER YOUR TIME:						YES	NO
ARE YOU WILLING TO ATTEND CLUB MEETINGS:						YES	NO
SPONSORED BY: (please print)							
OATH & AFFIRMATION							
I, _____, do hereby declare the above statements are true and I understand any false statements will result in immediate expulsion. Applicant swears to uphold all rules and regulations of the Italian Athletic Club organization. Violation of such could result in suspension or revocation of privileges.							
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.							
By affixing my signature to this application, I do swear allegiance to the Italian Athletic Club.							
APPLICANT'S SIGNATURE:				DATE:			
SPONSOR'S SIGNATURE:							