



Daughters of Italian Heritage (DOIH)

New Member Application

Please print.

Name: _____
Italian Surnames: _____
Home Phone: _____
Cell Phone: _____
Email Address: _____
Street Address: _____
City and Zip Code: _____
Birth Date: Month _____, Day _____
Husband's Name: _____
Anniversary: _____
Employer (Optional): _____

Dues: Dues may be paid in full in January or two payments, one in January and the other in June. **Attach check payable to DOIH.**

- \$50.00 -if member of DoIH and ICCC or \$25.00 in January and \$25.00 in June.

ICCC Membership #: _____

- \$70.00- if DoIH member only or \$35.00 in January and \$35.00 in June.

Amount Paid: _____ Date: _____
____ Cash
____ Check Check # _____