



Daughters of Italian Heritage (DoIH) New Member Application

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

Dues: Payment of dues are to be paid in full in January.

Members who join the Italian Cultural & Community Center (ICCC) receive a \$20 dues discount.

- \$50.00 -if member of DoIH and ICCC
ICCC Membership #: _____
- \$70.00- if DoIH member only

Prorated Dues: If new member joins in a month other than January, dues will be prorated.

Payment Methods;

_____ Cash
_____ Check (payable to DoIH) Check # _____
_____ Zelle (use DoIH email) ciaodivaclub@gmail.com.

Questions: email DoIH Treasurer, anna4ever29@att.net

Amount Paid: _____ Date: _____