



### Application For Membership

The mission of this Society is to promote the religious spirit of Italian – Americans as well as provide social opportunities for its members. To become a member of Mt. Carmel – St. Cristina Society, the applicant or applicant’s spouse must be of Italian descent, be of good moral character, Catholic and sponsored by a current member of the society.

Application Date: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Age: \_\_\_\_ (Must be at least 18) Place of Birth: \_\_\_\_\_

Religion: \_\_\_\_\_ Occupation: \_\_\_\_\_

Explain your Italian heritage or your spouse’s Italian heritage: \_\_\_\_\_

What other organizations do you belong to: \_\_\_\_\_

Expertise: (Please check all that apply)

- Knowledge of basic computer skills
- Knowledge if investments and strategies
- Working knowledge of Robert’s Rules
- Knowledge of record keeping and accounting
- Willing to serve on events/committees
- Willing to serve on the Board
- Willing to chair events/committees
- Willing to volunteer services

Have you ever been convicted of a crime?  Yes  No

If you selected yes, please explain \_\_\_\_\_

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

Sponsored by: \_\_\_\_\_ Sponsors Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

A \$50 Non-Refundable application fee must accompany the application and it is not part of yearly dues. Application cannot be processed without application fee. Application to be submitted at least 30 days prior to acceptance. Applicant will be notified for admittance. The applicant must attend within the next two monthly meetings to be sworn in after notification of acceptance, otherwise all further rights to admission shall be forfeited. Yearly dues are payable upon induction and on the first Friday of January thereafter. Falsifying any information on this application is grounds for dismissal.

For Society Use Only      Date Presented: \_\_\_\_ - \_\_\_\_ - \_\_\_\_      Date Sworn-In \_\_\_\_ - \_\_\_\_ - \_\_\_\_