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, Christian and will respect the Catholic traditions of our Society. All applicants must be sponsored by a current member of the Society.

Application Date: ___ -___ - _____

First Name: _____ Last Name: _____

Street Address: _____ City: _____ State: _____ Zip Code: _____

Phone Number: (____) _____-_____ Email: _____

Date of Birth: ___-___-_____ Age: _____ (Must be 18) Place of Birth: _____

Religion: _____ Occupation: _____

Explain your or your spouse's Italian heritage: _____
_____

Why do you want to join the Mt. Carmel ~ St. Cristina Society: _____
_____

What other organizations do you belong to: _____

How would you like to receive important information about the Society? ☐ Phone call ☐ Email

How would you like the monthly newsletter delivered? ☐ US Mail ☐ View on Society website

Are you willing to serve or chair events/committees? Serve: ☐ Yes ☐ No Chair: ☐ Yes ☐ No

Have you ever been convicted of a crime? ☐ Yes ☐ No

If you selected yes, please explain: _____
_____

Signature of Applicant: _____ Date: _____

Sponsored by: _____ Sponsor's 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 by the first of March thereafter. Falsifying any information on this application is grounds for dismissal.

For Society Use Only: Application Fee Paid: ___-___-_____ Date Presented: ___-___-_____ Date Sworn In: ___-___-_____