



### 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: \_\_\_ - \_\_\_ - \_\_\_\_\_

Mail to: Mike Chirico, President at 162 Eastview Dr, Coventry, CT 06238 or have your sponsor bring it to the next meeting