



**TRIANGLE SONS OF ITALY LODGE # 2817
MEMBERSHIP 2012-2013**

I am applying for membership (\$50 1ST member in family, \$40.00 for additional member with a one time application fee of \$10.00 for each member joining.

Make Check Payable to TSOI - 2817

Send form and payment to: Bob Giannuzzi 548 Clarenbridge Drive, Cary, NC 27519

Please print clearly.

Name: _____

Address: _____ City _____ State _____ Zip code _____

Home Phone: _____ Business Phone: _____

Cell: _____

E-mail _____

Date Of Birth: _____

Family Origin: _____ Italian Family Name: _____

Spouse Name: _____ Anniversary Date: _____

Name as preferred on name on tag, please print clearly. Lost nametag will cost \$10.00

Professional

Business: _____

Title: _____

Retired? _____

Would you like to advertise your business on our website?

Special Interests or things you would be willing to share with TSOI?

Willingness to:

Serve on a Committee

Serve on the Board

Organize an Event/Program

Set/Up clean up for functions

Do you:

Speak Italian

Read Italian

Cook for a meeting

What are your reasons for joining TSOI?

Date dues pd. _____ Check No. _____ Name tag ordered _____ Certificate ordered _____