



Roma Club of Leamington
19 Seacliff Drive East, Leamington, Ontario N8H 2L3
(519) 326-9539

Please Print Clearly

Si prega di scrivere chiaramente

Domanda D'Ammissione
Application for Membership

BOARD APPROVED
DATE: _____

Date: _____ 20_____

APPLICANT Nome/Name: _____

Email (required): _____
(E-mail is required as most club correspondence occurs via e-mail.)

Dues can be paid by an eTransfer of \$100 (\$88.50 + HST) to romaclubdues@cogeco.net (preferred method, set up for autodeposit). Please include your name and address in the "Notes" sections of the eTransfer.

Alternately, you can attach the membership fees of \$100.00 by cheque payable to "Roma Club of Leamington" or pay at the office using cash/credit/debit. Membership must be approved by the Board of Directors.

Alternately,

Signature of Sponsors: 1. _____ 2. _____ 3. _____

Data Di Nascita/Date of Birth: _____ Telephone: _____

Nato A/Place of Birth: _____
Citta/City Provincia/Province Stato/Country

Indirizzo: Mailing Address: _____
Citta/City Provincia/Province Codice Postale/ Postal Code

Ha mai fatto Domanda per diventare socio del club?
Have you applied for membership in the club before? _____

I tuoi genitori sono membri ?
Are your parents members? _____
Nome del Membro:
If yes, Parent(s)'s Name(s): _____

E il tuo coniuge membro?
Is your spouse a member? _____
Nome del Coniuge:
Spouse's Name: _____

Are you of Italian descent? Yes / No Describe lineage: _____

If NO, you are applying as a Social Member. Please acknowledge this by initialing here: _____

Prometto di obbedire le leggi della costituzione e alle regole del club.
I hereby agree to obey the constitution, law, rules and regulations of the club.

Firma:
Signature: _____ Date: _____

Office Use Only: DATE RECEIVED: _____ RECEIVED BY: _____

DUES Paid by (circle one): eTransfer / Cash / Cheque / Debit / Credit / EFT (void cheque attached)