## DANTE CLUB AUXILIARY



Date:		
Name:	_	
Address:		_
Street		
City State	Zip	_
Email Address:		
Home phone: Cell:		
I consent to have my contact information included in the public me	embership roster: [ ]YES [	]NO
Dante Club Referring Member:		
Referring Member's Signature:		
Members must be of Italian descent or marrie Please check appropriate box(s	d to an Italian.	
[ ] Italian Descent [ ] Married to an Italian	[ ] Spouse of Dar	nte Memb
I am applying for admission to the DANTE CLUB AUXILIARY and regulations of its By-Laws, and any amendments thereto.	d agree to abide by all the ru	les and
Applicant's Signature:		
Initiation Fee \$ 10.00 Annual Dues \$ 25.00 Total Amount \$ <u>35.00</u>		
Dues to be renewed January of each	ı year.	
Mail completed application with check payable to Dante Club Auxiliary to:	Debra Cattuzzo	
	5738 Verner Oak Court	
	Sacramento, CA 95841	
MEMBERSHIP COMMITTEE / OFFICE USE ONLY		
New member contactedBoard members notified Calendar to no	ow member Notify Men's	
Club Check to Treasurer Nametag made Placed on master roste	•	