



FOGOLAR FURLAN MEMBERSHIP APPLICATION

Please Print:

FAMILY NAME _____ GIVEN NAME _____

ADDRESS _____ CITY _____

PROVINCE _____ POSTAL CODE _____ COUNTRY _____

TELEPHONE _____ EMAIL _____

DATE OF BIRTH _____ PLACE OF BIRTH _____

CITIZENSHIP _____

If you were not born in the Friuli, please fill in the next two lines:

DERIVATIVE OF FRIULI ANCESTRY _____
Name(s) and Relationship

TOWN AND PROVINCE OF BIRTH _____

MARITAL STATUS _____ NUMBER OF DEPENDANTS _____

LANGUAGE(S) SPOKEN: ENGLISH, ITALIAN, FRIULAN, OTHER _____

TYPE OF EMPLOYMENT _____

HAVE YOU EVER BEEN A MEMBER OF THE FOGOLAR FURLAN CLUB? _____

IF YES, STATE THE REASON FOR LEAVING _____

FOR WHAT REASON(S) DO YOU WISH TO BECOME A MEMBER OF THE FOGOLAR?

POSSIBLE INTERESTS AT THE FOGOLAR FURLAN:

_____ BUILDING COMMITTEE

_____ WOMEN'S ASSOCIATION

_____ SPORTS

_____ VOLUNTEER TIME



Please note, after one year of membership in good standing, you will be eligible to:

- 1) Receive member's discounts on functions
- 2) Apply for a college or university scholarship (your children may also be eligible)
- 3) Be nominated for the Board of Directors of the club

If accepted as a member of the Fogolar Furlan Club of Windsor, I do hereby agree to obey the Constitutional Laws, Rules and Regulations enacted or that may be enacted by the Council and the General Assembly.

Signature of
Applicant _____ Date _____

Application Sponsors-Must be 2 Fogolar members in good standing that are not immediate family members (ie-cannot be spouse, parents, grandparents or siblings)

1 _____
Name-please print _____ Signature _____

2 _____
Name-please print _____ Signature _____

Accepted or refused _____ Date _____ Secretary _____

Note: Application will not be accepted if **initiation fee of \$100** is not attached.

Membership Dues:

\$60/year (\$5/month) – Payable upon acceptance of the application by the General Membership.