



Italian American National Hall of Fame  
P.O. Box 3442 Mercerville, NJ 08619  
(609) 586-9010

# MEMBERSHIP APPLICATION

Print Form

- Regular Member (Applicant or spouse must be of Italian decent)
- Associate Member (Not of Italian ancestry)

## Personal Information

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ email \_\_\_\_\_

Birth City \_\_\_\_\_ Date of Birth \_\_\_\_\_

Are you an American Citizen?  Yes  No Date Naturalized \_\_\_\_\_

Wife's Maiden Name \_\_\_\_\_

Names of Children \_\_\_\_\_

Organization Affiliations (Offices held) \_\_\_\_\_

## Employment Information

Company \_\_\_\_\_

Type of Business or Profession \_\_\_\_\_

Position \_\_\_\_\_ Phone Number \_\_\_\_\_

## References

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

I hereby apply for membership and agree to abide by the Constitution and By-Laws of The Italian American National Hall of Fame

Date \_\_\_\_\_ Signature \_\_\_\_\_

Sponsor \_\_\_\_\_ Approved \_\_\_\_\_ Date \_\_\_\_\_

Mail to: IANHOF P.O. Box 3442 Mercerville, NJ 08619 or Fax to: (609) 587-7572