



Italia-America Bocce Club

2210 Marconi Ave
 St. Louis MO 63110
 Phone 314-773-5574

Web: www.stlbocce.com

Email: italia1@stlbocce.com

Membership Application Form

Full Name: _____	Date of Birth: ____ - ____ - ____ (MM-DD-YYYY)
Street: _____	Today's Date: ____ - ____ - ____ (MM-DD-YYYY)
City: _____	Home Phone: ____ - ____ - ____
State, Zip _____	Work Phone: ____ - ____ - ____
	Email: _____

Business Address: _____	Occupation _____
City: _____	State, Zip: _____
Spouse Name: _____	Children names: _____

Sponsors	Certificate #	Date
Sponsor #1:		
Sponsor #2:		

CIRCLE THE COMMITTEE(S) YOU WOULD SERVE ON

Bocce
 Membership
 Building
 Financial
 Sick
 Social

Authorized Signature: _____	Date: _____
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A check or money order payable to the Italia-America Bocce Club for the entire amount must accompany this application.

For Office Use Only Stock _____ \$130 Dues for 2011 - 2012 _____ Total Amount _____ \$		President _____ Date: _____ Board of Directors _____ Date: _____
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