

Abruzzi Club Regular Membership Application

Name _____ Phone _____

Address _____ Italian Heritage _____

City _____ State _____ Zip _____

Birth Date _____ E Mail _____

Beneficiary _____ Relationship _____

Address _____ City _____ State _____ Zip _____

Membership in other clubs _____

• By signing this application, you indicate desire to be a member of the Abruzzi Club, with all privileges and obligations pertaining thereto. • A \$100.00 nonrefundable deposit toward membership is due with this application. • Once accepted, you agree to the membership price of \$400.00, promise to abide by all by-laws and rules of the Abruzzi Club, and agree to pay all dues and fines levied against you by the Abruzzi Club. • After approval by the membership, the applicant must appear within the next two months to be sworn in. • Once an applicant is accepted and sworn in to membership, the remaining \$300.00 is due. This may be in three payments of \$100.00 each, at or prior to the next three meetings. Failure to have the balance fully paid within 90 days of acceptance and swearing in of applicant will result in termination of membership and forfeiture of all monies paid up to that point. • Dues for the year, currently set at \$80, are due immediately upon acceptance and swearing in to the Abruzzi Club. • Applicant must be at least 18 years of age and be wholly or in part of Italian descent or be married to a person who is wholly or in part of Italian descent or be the step-son or adopted son of a current Abruzzi club member • In the event of death of the member, the membership may be transferred to a son, son-in-law or grandson, with the approval of the membership of the Abruzzi Club. No other transfer of membership is permitted. In lieu of transfer, it has a \$400.00 value to the named beneficiary. • In the event of death of the member before the membership has been paid in full, the death benefit will be limited to the amount received toward the purchase of said membership. • If a member wishes to terminate membership with the Abruzzi Club, the member will be reimbursed \$100 for his membership. No dues will be refunded.

Applicant Signature _____ Date _____/_____/_____

Sponsor: I hereby attest as a member in good standing of the Abruzzi Club that the above-signed applicant is a good and upstanding person of our community and will be an asset to the Abruzzi Club. I also agree that I will be present at the meeting when this application is presented for approval to affirm the candidate and to witness the swearing in of the approved applicant.

Sponsor Signature _____

Relationship to Applicant _____

[Revised 09/18/2020]