

Abruzzi Club Social Membership Application

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Birth Date _____

Membership in other clubs _____ -- _____

E Mail _____

• The Abruzzi Club is an organization with the purpose of helping its members and promoting brotherly love. • By signing this application, you indicate your desire to be a Social Member of the Abruzzi Club, with all privileges and obligations pertaining thereto. • If your application for membership in the Abruzzi Club is accepted, you agree to pay annual dues of \$120.00. Annual dues are due with this application. • Social Members are invited to all social activities, encouraged to attend regular business meetings of the club, and may participate in discussions, but will have no vote on official club business. • You must be at least 18 years of age and sponsored by two current Abruzzi Club members. • Social Membership may be converted to Regular Membership if you qualify for Regular Membership according to current regulations. Current-year Social Member dues will be transferred to Regular Member dues if membership is converted. Social member dues are never 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.

Sponsor Signature _____

Second Sponsor _____

[Revised 09/18/2020]