

American Italian Heritage Society

OMAHA . NEBRASKA

Membership Application

Family Name: _____

First Name: _____

Occupation: _____

Phone Number: _____

Date of Birth: _____

E-mail Address: _____

Cell Phone: _____

Spouse Name: _____

Occupation: _____

Date of Birth: _____

E-mail Address: _____

Cell Phone: _____

Address: _____

Children (under 21) living at home:

Name

Date of Birth

Name	Date of Birth
_____	_____
_____	_____
_____	_____

Please tell us a little about yourself and family. Please include your information on your family heritage. Use back side of this form if needed. Any entry allows your permission to print it in our newsletter.

Do you know anyone else who is interested in becoming a member? If so please list their name and phone number: _____

Annual membership fee: \$15-individual \$30 – family.

For applicants who join during the year, the membership fee will be pro-rated until the following June, at which time all dues are renewable. Upon receipt of this application and your membership fee, you will be a member in good standing of the American Italian Heritage Society.

Signature

Date

If you were referred to AIHS by a member please list their name: _____

Please send completed application to: AIHS PO BOX 27176 Omaha, Nebraska 68127 (402)592-6928