

Application for Membership
SOCIETA NATIVI di POTENZA BASILICATA
Ladies Auxiliary

NAME _____ ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE _____

EMAIL ADDRESS: _____

DATE OF BIRTH: MONTH _____ DAY _____ YEAR _____

WEDDING ANNIVERSARY: MONTH _____ DAY _____ YEAR _____

DATE JOINED: MONTH _____ DAY _____ YEAR _____

POTENTINI ANCESTRY – (Names of Mother, Father, Husband, Widow of, Grandmother, Grandfather, Great Grandmother, Great Grandfather) PLEASE LIST BELOW:

I understand that I must abide by the by-laws of the Ladies Auxiliary and pay dues each year per the by-laws to remain an active member. I am aware that I must attend a meeting at the time that I join the Auxiliary to get sworn into the Auxiliary.

SPONSOR'S NAME _____

APPLICANT'S SIGNATURE _____ **DATE** _____

PRESIDENT'S SIGNATURE _____ **DATE** _____

\$25 application fee is due at time of submission. Make checks payable to Potenza Ladies Auxiliary