

Lancaster Italian Cultural Society
New Membership Application



LANCASTER
ITALIAN
CULTURAL
SOCIETY



Date _____

Last Name _____

First Name _____ Middle name or initial _____

Spouse/Partner Name _____

Address _____ City _____ State ____ Zip _____

Those living in the same household at the same address are included in your LICS membership.

Others (names, and ages if under 21 years) in this household at this same address:

Telephone (Please check your primary contact number). Home Phone _____

Cell Phone _____ Additional Cell Phone _____

Email Address _____

Additional Email Addresses _____

Birth date _____ (dd/mm) **Spouse/Partner Birth date** _____ (dd/mm)

Please see second page for payment information.

Please return the completed application to Joseph D. Roda, 669 Eastside Dr., Landisville, Pa. 17538

For more information, visit <https://lancaster-italian-cultural-society.org>

Please check below if you are interested in serving on a committee. Thank you.

Annual Spaghetti Dinner Cultural/Education Events/Programs

Hospitality Public Relations Newsletter Awards/Grants/Scholarship

Please answer this question: How did you hear about LICS and what influenced you to join?
Detailed answers are appreciated. Thank you.



Lancaster Italian Cultural Society
New Membership Application

LANCASTER
ITALIAN
CULTURAL
SOCIETY



NEW MEMBER DUES: “Member” is actually an entire “household” living at the same address.

(Membership fee for new members is based on when this application is submitted.)

When joining January through June, membership is active through to the end of the year: \$40.00

When joining July through October, membership is active through to the end of the year: \$20.00

OR active through to the end of the next year, \$60.00

When joining Nov. or December, membership is active through to the end of the next year: \$40.00

Method of Payment

Check Enclosed (Made Payable to Lancaster Italian Cultural Society) Amount Enclosed \$_____

VISA **MasterCard** **Amex** (CV code,3 digits, for Visa, Mastercard-on back, Amex, 4 digits, on front of card)

Card Number_____ **CV Code**_____ **Exp. Date**_____ (mm/yy)

Name on Card_____ **Signature**_____