



VICTOR ALFIERI SOCIETY
 206 North Main Avenue
 Scranton, Pennsylvania
www.victoralfierisociety.com
 "Unity with Service"



APPLICATION FOR MEMBERSHIP
 (Please Print or Type Only)

Name: _____ Date: _____

Address: _____
 Street City State Zip

E-Mail Address: _____

Phone: _____ Date of Birth: _____ Place of Birth _____

Status: Single _____ Married _____ Citizenship _____

Nationality/Origin: _____ Occupation _____

Father's Name _____ Mother's Maiden Name: _____

Wife's (own) Maiden Name _____

Military Status: _____
 Branch of Service Rank Years Served

Type membership requested:

_____ **Regular Membership**

_____ **Social Membership**

SPONSORS: _____

Would you be interested to serve on a Committee Yes _____ No _____

I hereby apply for membership and agree to abide by the constitution and By-Laws of Victor Alfieri Society.

 Applicant's Signature

* * * * *

Recommendation of Membership Committee: Approved _____ Rejected _____

Date voted in Assembly: _____ Date Initiated: _____

Signed by Recording Secretary _____