



Italia-America Bocce Club
2210 Marconi Avenue
St. Louis MO 63110

Phone (314) 773-5574

www.stlbocce.com

italia1@stlbocce.com

APPLICATION

Full Name: _____ Date of Birth: _____
Address: _____ City, State, Zip: _____
Home Phone: _____ Work Phone: _____
Employer or
Place of Business: _____

Business Address: _____ Occupation: _____

Spouse Name: _____

Children(s) Names: _____

Your Reason for Joining: _____

Sponsor #1 Signature: _____ Stock # _____ Date: _____

How long have you known the applicant? _____

Sponsor #2 Signature: _____ Stock # _____ Date: _____

How long have you known the applicant? _____

CIRCLE THE COMMITTEE(S) YOU WOULD SERVE ON

BOCCE MEMBERSHIP BUILDING FINANCIAL SICK SOCIAL

If I become a member of the club I will abide by the rules and by-laws of the club.

A check or money order payable to Italia-America Bocce Club for the entire amount must accompany this application.

Applicant Signature: _____ Date: _____

FOR OFFICE USE ONLY

Stock \$130.00

Dues for 2010 \$150.00 (first year)

Total \$ _____

President _____ Board of Directors _____

Date Approved _____ Date Approved _____

