

APPLICATION

Full Name: _____ Date of Birth _____

Address: _____ City, State, Zip: _____

Home Phone: _____ Work Phone: _____

Email: _____

Employer of Place of Business: _____

Business Address: _____ Occupation: _____

Spouse's Name: _____

Children's Names: _____

Your Reason for Joining the Club: _____

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

How long have you known the applicant? _____

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

How long have you known the applicant? _____

NOTE: Both sponsors must be existing members of the club.

CIRCLE THE COMMITTEE(S) YOU WOULD SERVE ON

Bocce Membership Building Financial Golf Sick Social

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

Link to By-Laws: <http://www.stlbocce.com/laws>

Applicant's Signature _____ Date: _____

A CHECK OR MONEY ORDER PAYABLE TO ITALIA-AMERICA BOCCE CLUB FOR THE ENTIRE AMOUNT MUST ACCOMPANY THE APPLICATION.

FOR OFFICE USE ONLY

STOCK \$ 130.00

DUES: \$ _____ (per year pro-rated)

INITIATION FEE: \$ _____

TOTAL: \$ _____

PRESIDENT

DATE APPROVED

DATE DISAPPROVED

BOARD OF DIRECTORS

DATE APPROVED

DATE DISAPPROVED

Rev. 02/2015



Italia America Bocce Club

2210 Marconi Avenue

St. Louis, Missouri 63110

(314) 773-5574

www.stlbocce.com

info@stlbocce.com

MEMBERSHIP ENROLLMENT



Founded in 1975, the club has strong roots in promoting the game of Bocce, building member camaraderie and respect for the game and each other.

Social activities are an important part of our yearly calendar.

WE INVITE YOU TO JOIN.

