



# Membership Application

## Colonial Italian American Organization (CIAO)

Please accept my application to CIAO. I understand that membership is open to all persons of Italian descent, and their spouses, who are interested in fostering a greater knowledge of Italian culture and language in Williamsburg and its immediate vicinity.

### Section I: Candidate's or spouse's basis for claim of Italian descent

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|               |  |                |  |          |     |
|---------------|--|----------------|--|----------|-----|
| LAST NAME     |  | FIRST NAME     |  | NICKNAME |     |
| RESIDENCE     |  | CITY           |  | STATE    | ZIP |
| PHONE         |  | E-MAIL ADDRESS |  |          |     |
| SPOUSE'S NAME |  |                |  |          |     |

Please complete the biographical sketch on the reverse side.

It will NOT be distributed, but only kept on file with the Organization's business records.

### Section II: Applications - CIAO Committees - Initiation Fee - Annual Dues

This completed individual application (both sides), accompanied by a check in the amount of \$55.00 (\$85.00 with spouse) will be submitted to your sponsor or mailed to:

Colonial Italian American Organization  
P.O. Box 1017  
Williamsburg, VA 23187

The one time initiation fee is \$25.00. A spouse or child of a member may join CIAO without incurring a second initiation fee. Annual dues are \$30.00/ person (January 1 thru December 30). Student annual membership is \$1.00 and there is a one time student initiation fee of \$25.00.

All members are expected to help on one or more of the various CIAO committees.

- Programs
- Membership
- Education Fund
- Aid & Comfort
- Publicity
- Festival

|                     |      |                   |      |
|---------------------|------|-------------------|------|
| APPLICANT SIGNATURE | DATE | SPONSOR SIGNATURE | DATE |
|---------------------|------|-------------------|------|

MEMBERSHIP APPLICATION PRESENTED FOR APPROVAL TO THE BOARD OF DIRECTORS

|                  |      |           |      |
|------------------|------|-----------|------|
| MEMBERSHIP CHAIR | DATE | SECRETARY | DATE |
|------------------|------|-----------|------|

### FOR CIAO RECORD KEEPING:

Check Amount: \_\_\_\_\_ Date: \_\_\_\_\_ Number: \_\_\_\_\_

