

MEMBERSHIP APPLICATION/RENEWAL

Name #1
Name #2(couple membership only):
ADDRESS:
CITY/STATE/ZIP:
E-MAIL:
PHONE:
PHONE2:
Please name Village/Region/Province in which you or your Italian ancestors were born:
Heritage #1:
Heritage #2 (couple membership only):
WEDDING ANNIVERSARY (couple membership only):
MEMBER #1 BIRTHDAY:
MEMBER #2 BIRTHDAY (couple membership only):
E-MAIL #2:
Membership fees (please check all that apply):
Individual Membership, \$30
Couple Membership, \$55
Student Membership, \$20
Associate Membership, \$20 (for <i>each</i> member residing outside a 50-mile radius of Washington, DC)

AMOUNT ENCLOSED: \$_____

Please make your check payable to AMHS. Send to Americo Allegrino, 2nd VP-Membership, 16105 Penn Manor Lane, Bowie, MD 20716.