

Membership Information Form

First Name:		_
Last Name:		
Address:		
City:		
State:		
Zip Code:		
Phone #:		
Cell Phone #:		
Email Address - please print legible		
	·:	
Mail to:		Bring it with you
Italian American Club of Duluth	or	to the next Italian
P. O. Box 451		American Club
Duluth, MN 55801		meeting.

Thank You!!