

ITALIAN CATHOLIC FEDERATION  
 8393 Capwell, Suite 110  
 Oakland, CA 94621



**MEMBERSHIP APPLICATION AND DATA FORM**

Please Print

Branch No. \_\_\_\_\_ City: \_\_\_\_\_

Family Name: \_\_\_\_\_

New Members  
Leave Blank

No.	First Name	Int.	Birthdate Mo. Da. Yr.	Age	Member No.	Dues Paid	Date Paid	To	No. Of Mo.
1						\$			
2						\$			

Children: Under the age of 18 or 18-23 if full time student

No.	First Name	Int.	Birthdate Mo. Da. Yr.	Age	Member No.	Dues Paid	Date Paid	To	No. Of Mo.
3									
4									
5									

Family Rate

\$

Please Use  
"X"

**Action Requested**

- Individual Membership
- Family Membership
- Change Address/Name
- Cancellation Hospital Plan
- Transfer To Br. # \_\_\_\_\_
- Cancellation of Membership
- Applies to Hospital Plan:

Address: \_\_\_\_\_  
 No. Street Apt # or PO Box

\_\_\_\_\_ - \_\_\_\_\_  
 City ST Zip Code

Telephone: (\_\_\_\_\_) - \_\_\_\_\_  
 Area Code Number

Email: \_\_\_\_\_ @ \_\_\_\_\_

\_\_\_\_\_  
 Application Sponsor Name

Date: \_\_\_\_\_

No: \_\_\_\_\_ Age: \_\_\_\_\_

\_\_\_\_\_  
 Signature of Applicant / Member Signature of Spouse

Deceased On: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
 Secretary