



KELOWNA CANADIAN ITALIAN CLUB

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MEMBERSHIP APPLICATION

Name: _____

Date of Birth: _____

Phone: _____

Current Address: _____

City: _____

Email: _____

PC: _____

SPOUSE/PARTNER INFORMATION IF JOINT MEMBERSHIP

Name: _____

Date of birth: _____

Phone: _____

Wedding Anniversary: _____

CHILDREN'S NAMES & DOB

Name: _____

DOB: _____

Name: _____

DOB: _____

Name: _____

DOB: _____

REFERRALS

Name

Address

Phone

SIGNATURES

Signature of Applicant: _____

Date: _____

Signature of Co-Applicant: _____

Date: _____

Sponsored by: _____