



KELOWNA CANADIAN ITALIAN CLUB

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MEMBERSHIP APPLICATION

Name: _____

Date of Birth: _____ Phone: _____

Current Address: _____ City: _____

Email: _____ Postal Code: _____

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: _____