ITALIAN AMERICAN VICTORY CLUB
26 DEWEY RD
SHREWSBURY, MA 01545
2027 NEW MEMBERSHIP APPLICATION

FULL NAME: _____

STREET: _____

CITY/TOWN: _____ **ZIP CODE:** _____

ELIGIBILITY (By-laws Article III and as amended by Members' vote):

Check Appropriate Box:

( ) Regular Member: I am either Italian or an American of Italian Extraction; or I am a non-Italian, who is married to an Italian or part Italian. Also, I am not less than 21 years of age and I am a resident of Shrewsbury.

Explain Italian Lineage: _____

-OR-

( ) Regular Member: I am the parent, sibling, or child of a CURRENT Shrewsbury resident Member (Regular or Honorary Regular) who is either Italian or an American of Italian Extraction. Also, I am not less than 21 years of age. My residency is not restricted.

Name of Family Member: _____

EMAIL ADDRESS (Required): _____

TELEPHONE NO: (_____) _____- _____

AGE: _____ DATE OF BIRTH: _____/_____/_____

OCCUPATION: _____

PROPOSED BY: _____

SPONSORING MEMBER'S SIGNATURE: _____

$45.00 CHECK OR MONEY ORDER PAYABLE TO "IAVC" MUST ACCOMPANY APPLICATION

($10.00 – Initiation Fee* and $35.00 – First Year Dues)

***Initiation Fee is waived for the son or daughter of a Member**

MUST BE RECEIVED BY FEBRUARY 28, 2027