

The American-International League of Florence ODV



MEMBERSHIP APPLICATION FORM

FIRST NAME	MARRIED NAME
MAIDEN NAME	HUSBAND/PARTNERS NAME
PHYSICAL ADDRESS	
POSTAL CODE	
TELEPHONE #	CELL #
EMAIL	
CITIZEN	DATE OF BIRTH (day/month/year)//
MOTHER TONGUE	

KNOWLEDGE OF THE ENGLISH LANGUAGE: excellentfairpoor
OCCUPATION
PREVIOUS VOLUNTEER WORK
WE ARE A CHARITABLE ORGANIZATION AND OUR TWO MAIN FUNDRAISING EVENTS ARE - CHRISTMAS BAZAAR HELD IN DECEMBER AND MAY FAYRE HELD IN MAY IN WHICH ALL OUR MEMBERS ARE EXPECTED TO PARTICIPATE.
WHAT AREA WOULD YOU LIKE TO PARTICIPATE IN?
HELP ORGANIZE THE BAZAAR HELP ORGANIZE THE MAY FAYRE
POSTER DESIGNADVERTISING PHOTOGRAPHER
RUNNING A BOOTHCAKE MAKING HANDICRAFTS
CLEAN UP TEAM DECORATIONS
DO YOU HAVE ANY EXPERIENCE IN THE FOLLOWING?
ADVERTISING ARTACCOUNTING COOKING
DANCE COMPUTER GARDENING PROOF READING
SPORTSTRANSLATING
WHICH OF THE FOLLOWING BOARD POSITIONS WOULD YOU INTERESTED IN?
COMMUNITY SERVICE DONATION RESEARCH FAWCO REP
FUNDRAISING MEMBERSHIP NEIGHBOURHOOD COORDINATOR
NEWSLETTER EDITOR NIGHT OWL EVENINGS PRESIDENT
SECRETARYSOCIAL EVENTS ORGANIZERTREASURER
VICE PRESIDENT

WHERE DID YOU HEAR ABOUT US? SPONSOR 1 SPONSOR 2. DATE SUBMITTED (day/month/year)/ I the undersigned have read and understood the conditions listed in accordance with article 13 of Italian law 196/2003 and consent to my personal details being held. APPLICANT'S SIGNATURE Office use only ON APPROVAL	ANY OTHER SKILLS/HOBBIES
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PRESIDENT'S NAME & SIGNATURE	ON APPROVAL
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DATE (day/month/year)/	DATE (day/month/year)/