

Societa' Val Trebbia e Val Nure, Inc.
P.O. Box 1893 G.P.O
Brooklyn, NY 11202
MEMBERSHIP APPLICATION

Date _____

Applicant's Name _____

(Last, First & MI)

Address _____

(street)

(city, state, zip)

Date of Birth _____

Place of Birth _____

Email address _____

Telephone number _____

Occupation _____

Marital status _____

Wife's name _____

(include maiden name)

Children's names and dates of birth

Designate a beneficiary with their name, relationship, telephone number & email address

Yours or your wife's ancestry must be traced back to the Province of Piacenza, Italy. Please explain below and list

Father/Father-in-law's name _____

(place of birth)

Mother/Mother-in-law's name _____

(include maiden name)

(place of birth)

Name of Parocchia _____ Comune _____ Provincia _____

I do apply for membership in the Societa' Val Trebbia e Val Nure, Inc and declare that I will conform to the bylaws of said Societa' to the best of my ability, as they stand and as they may be amended in the future.

(Applicant's signature)

(Sponsor's signature)