

ITALIAN CATHOLIC FEDERATION

8393 Capwell Drive, Suite 110

Oakland, CA 94621



MEMBERSHIP APPLICATION AND DATA FORM

Branch No. City: _____

Family Name:

Leave Blank
For New
Members

No.	First Name	Int.	Birthdate Mo. Da. Yr.	Age	Member No.	Dues Paid	Date Paid	To	No. Of Mo.	
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Children: Under the age of 18 or 18-23 if full time student

3	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>				Family Rate	
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No. _____ Street _____

Address:

City _____ ST _____ Zip Code _____-_____

E-mail Address: _____

Area Code _____ Number _____

Telephone: -

Application Sponsor Name _____

Are you a baptized Roman Catholic? YES NO

What parish do you belong to? _____
 Name of Church

If not Catholic, is your spouse a baptized Roman Catholic and a member
 the I.C.F.? YES NO

Action Requested

- Individual Membership
- Family Membership
- Change Address/Name/Ph.
- Cancellation Hospital Plan
- Transfer To Br.# _____
- Transfer From Br.# _____
- Cancellation of Membership

- Applies to Hospital Plan:
 Date: ___/___/___
 No: _____ Age: _____
- Deceased
 Died on: ___/___/___
 Date: ___/___/___

Signature of Applicant/Member

Signature of Spouse

Secretary