

*The Italian American Historical Society of Connecticut*

*Application for New and Renewal Memberships*

*(Membership Year-January 1 to December 31)*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Dues: *(all dues and donations are tax deductible)*

\_\_\_\_\_ Individual \$15

\_\_\_\_\_ Family \$25

\_\_\_\_\_ Student \$5

Donation – SCSU Scholarship Endowment \$ \_\_\_\_\_

Memorialized Donation \$ \_\_\_\_\_

Name: \_\_\_\_\_

**Total Check Amount \$ \_\_\_\_\_**

Please Indicate Special Interests:

- Maintaining Archives
- Interviewing People
- Conducting Tours
- Newsletter
- Workshops
- Speaker Lectures
- Trips
- Exhibitions
- Educational Programs

**Please Make Checks Payable To: IAHS of CT by March 31**

**Mail Renewal Form and Check to:**

**Rose Mentone  
541 Hill Street  
Hamden, CT 06514**