

The Italian-American Historical Society of Connecticut

Application for New and Renewal of Existing 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 \$20

_____ Family \$30

_____ Student \$10

Donation to the SCSU Scholarship Endowment \$ _____

Memorialized Donation \$ _____

Name of Honoree: _____

Total Check Amount \$ _____

Indicate Special Interests:

- Maintain Archives
- Interview People
- Conduct Tours
- Newsletter
- Workshops
- Speaker Lectures
- Trips
- Exhibitions
- Educational Programs

Please make checks payable to IAHS of CT and mail with this application to:

**IAHS of CT
P.O. Box 120371
East Haven, CT 06512**