



# EFASCE di Philadelphia

## Membership Application / Renewal

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

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

City, State, Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_

Marriage Anniversary: \_\_\_\_\_

Family Town(s) of Origin: \_\_\_\_\_

Friulan Family Name(s): \_\_\_\_\_

Relationship of Ancestor(s): \_\_\_\_\_

Involvement Interests: ☐ Membership ☐ Entertainment ☐ Student Exchange  
☐ Website ☐ History ☐ Other

Special Interests: \_\_\_\_\_

Signed: \_\_\_\_\_

**Preferred Method of Contact:** ☐ E-Mail ☐ Hard Copy Mailing ☐ Other \_\_\_\_\_

### ANNUAL DUES:

General / Affiliate (Ages 21+) = \$35 Junior Member (Ages 15-20) = \$15

Discount if paid before Jan 31, 2019: General / Affiliate \$25; Junior \$10

Corporate / Benefactor = Contact EFASCE

**Please remit this form and dues payable to "EFASCE di Philadelphia" directly to:**

**EFASCE di PHILADELPHIA**

**P.O. Box 625**

**Flourtown, PA 19031**

**Or pay online at <http://efasce.net/membership>**

Questions can be directed to: [members@EFASCE.net](mailto:members@EFASCE.net) or

Bob Roman at 215-233-4063 or Bob Henry at 610-940-0170

**\*\*Membership is also a consent for your picture and name to be used on our social media if the opportunity arises, and inclusion in the Member Directory, unless you specify otherwise.**

EFASCE USE ONLY

Date Received: \_\_\_\_\_

Date Approved: \_\_\_\_\_

Accepted: \_\_\_\_\_

Form v7, Dec, 2018

☐ General

☐ Affiliate

☐ Junior

☐ Corporate / Benefactor