

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☐ Website	☐ Entertainment ☐ History	☐ Student Exchange☐ Other
Special Interests:	-		
Signed:			
Preferred Method of	F Contact:	ail 🔲 Hard Copy Mailin	g 🗆 Other
Please remains a second	filiate (Ages 21+) = \$35 iscount if paid before Jan 3 Corporate / Bene it this form and dues pay EFASCE d P.C Flourto Or pay online at http Questions can be directed Anne Henry at 267-250-56 a consent for your pict	Junior Member (Ages 15-20) 1: General / Affiliate \$25; Junion efactor = Contact EFASCE able to "EFASCE di Philadelphi i PHILADELPHIA D. Box 625 bwn, PA 19031 be://efasce.net/membership ed to: members@EFASCE.net or 78 or Lisa Roman at 215-740-9 ture and name to be used of Member Directory, unless y	r \$10 nia" directly to: r 224 on our social media if the
EFASCE USE ONLY Date Receive	ed:	Date Approved:	Accepted:
Form v9, May, 2022	☐ General	☐ Affiliate ☐ Junior	☐ Corporate / Benefactor