

Women's Auxiliary of Prince Thomas of Savoy Membership Application

Candidate Name (print) _____ Date of Birth _____

Family (Italian) Name _____

Street _____ Town _____ State _____ Zip Code _____

Telephone No. Home _____ Cell _____ Email _____

Single ____ Married ____ If married, is Spouse Society Member? Yes ____ No ____

Husband's Name _____

Please write a brief paragraph why you want to join the PTS Women's Auxiliary

Italian Heritage? Yes ____ No ____ Is Spouse of Italian Heritage? Yes ____ No ____

I, _____ hereby apply for membership in the Women's Auxiliary of the Prince Thomas of Savoy of Avon, CT and if accepted, I pledge to abide by the By-Laws of the Auxiliary.

Candidate's Signature _____ Date Applied _____

Sponsor's Name _____ Date _____

Date Approved _____ President or Vice President Signature _____

Please check the committee you will be joining upon acceptance to club

- | | | | |
|---|--|--|------------------------------------|
| <input type="radio"/> Bereavement Bakers | <input type="radio"/> Cook Team | <input type="radio"/> I Cantori Chorus | <input type="radio"/> Photography |
| <input type="radio"/> Children's Activities | <input type="radio"/> Italian Culture | <input type="radio"/> Publicity | <input type="radio"/> By-Laws |
| <input type="radio"/> Entertainment | <input type="radio"/> Newsletter | <input type="radio"/> Scholarship | <input type="radio"/> Calling List |
| <input checked="" type="radio"/> Food Fair -Mandatory | <input type="radio"/> Nominating | <input type="radio"/> Soliciting | <input type="radio"/> Picnic |
| <input type="radio"/> Care & Visit Shut-ins | <input type="radio"/> Gardening/Watering | <input type="radio"/> Other _____ | |