

IACA MEMBERSHIP APPLICATION

Date: _____

Names: _____ and _____

Birth dates, just month and day: _____ and _____

Anniversary of marriage: _____

Street address: _____

City: _____ State: _____ Zip: _____

Phone numbers: _____

Email addresses: _____

Italian family names (including mother's maiden name and grandparent names)

Regions your families are from: _____ and _____

Download to mail or scan and send to:

Barbara Zenobia

9737 Cole Mill Rd.

Richmond, VA 23237 or

barbzenobia@gmail.com

Make check payable to: IACA

Questions to: Barbara at 304-240-5163