

Calabrian-Heritage  
Italian American Organization

"a non-profit organization"

"keeping tradition & culture alive"

# Membership Application

We are a 501(c)(3) IRS Tax Exempt  
Non Profit Corporation  
We Are Registered With  
The Attorney General of New York State

Mailing Address:  
P.O. Box 841  
Carmel, N.Y. 10512  
Tel: 845.282.7037  
Tel: 914.357.9215

Fax USA: 1.866.282.CIAO(2426)  
Fax INT: 001.845.225.2686

[www.ciaoamerica.org](http://www.ciaoamerica.org)



**PLEASE ANSWER ALL ITEMS & PRINT NEATLY**

Membership Choice: Individual  Family  Student  Sponsor  Silver  Gold  Platinum

Our mission is like the moth which eventually spreads its wings as a butterfly for all to admire.

The mission to pass on our great Culture & Heritage to *our children*. They are our tri-color butterfly that all of us, aspire to hand down to our future generations before it disappears forever.

It is worth repeating, **"our children are our future".™**

## HOW TO BECOME A C.I.A.O. MEMBER:

You can click on the Buy Now buttons for the desired Membership (Credit Card Purchase) at [www.ciaoamerica.org](http://www.ciaoamerica.org)

OR

Call us at 845.282.7037 or 914.357.9215

e-mail us at [memberinfo@ciaoamerica.org](mailto:memberinfo@ciaoamerica.org)

OR

Send your check for the selected **C.I.A.O.** Membership and completed application payable to:  
C.I.A.O.\* PO Box 841\* Carmel, NY 10512

### Applicant Information

(LAST) Maiden Name if Female

(FIRST)

(MIDDLE)

(ADDRESS)

(CITY)

(STATE)

(ZIP)

(HOME-PHONE)

(WORK-PHONE)

(CELL-PHONE)

(E-MAIL)

/ /  
(DATE OF BIRTH)  
(OPTIONAL)

(PLACE OF BIRTH-CITY)

(STATE-COUNTRY)

(MARITAL STATUS)

Are You A U.S. Citizen? Yes  No  Do You Hold Dual Citizenship? Yes  No  If Yes, Country? \_\_\_\_\_

### Spouse Information

(LAST) Maiden Name if Female

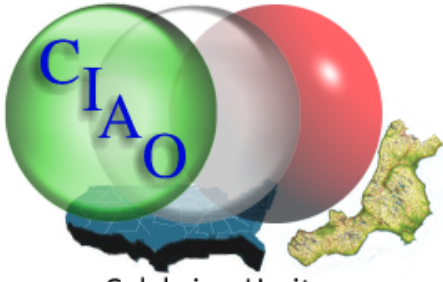
(FIRST)

(MIDDLE)

All applications are reviewed for approval.

Membership fees a portion and/or full amounts are tax deductible to the extent allowed by federal & state laws.

Memberships are one (1) Year Renewable from date of registration on anniversary date



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Children Under Eighteen (18)

(NAME)	(AGE)	(NAME)	(AGE)
(NAME)	(AGE)	(NAME)	(AGE)

I, We, Understand that a **Calabrian-Heritage Italian American Organization [C.I.A.O.]** Membership is to join the organization's major purpose and mission to promote the knowledge of and interest in the Italian language, culture, history, traditions and customs to our children, those of Italian descent and all others who may be interested.

Date Signed: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Signatures Applicant

(LAST) Maiden Name if Female	(FIRST)	(MIDDLE)
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Signatures Co - Applicant (Spouse)

(LAST) Maiden Name if Female	(FIRST)	(MIDDLE)
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