



SOCIETÀ ITALIANA DI MUTUA BENEFICENZA CEFALUTANA
 ORGANIZZATA, 19 GIUGNO, 1887 INCORPORATA, 10 AGOSTO, 1887
 P. O. Box 6634
 Metairie, LA 70009
David Matassa, il Presidente
 Email: dfmatassa@gmail.com; Phone: 225-715-4197

MEMBERSHIP APPLICATION (each new member)

To be eligible to become a member of our society, you must: (1) have been born in Cefalu, or (2) be a direct descendent of an ancestor who was born in Cefalu, i.e., parent, grandparent, great-grandparent, etc. (ladies use maiden name), or (3) be a spouse of a current member.

Were you born in Cefalu? _____

If not, name of ancestor from Cefalu. _____

Relationship _____

If neither, name of member spouse _____

NAME

(Last)

(First)

(Middle or Maiden Name)

Address

City _____ State _____ Zip _____

Phone # (____) _____ - _____ Date of Birth (optional) _____

E-Mail _____ Fax # (____) _____ - _____

Name(s) of children under 18 years of age and their dates of birth (continue on back if needed):

(1) _____ (3) _____

(2) _____ (4) _____

New members, please remit your dues of **\$60.00** each, plus a one-time membership fee of **\$25.00** each for a total of **\$85.00** each new member.

Children between the ages of 13 and 18 are eligible to join. The initial fee of \$25.00 is waived. Please remit \$40.00 dues for each child between the ages of 13 and 18. Children ages 12 and under are also eligible to join. The initial fee of \$25.00 is waived. Please remit \$20.00 dues for each member 12 years of age and under.

Any new member joining at or after our August Festa will be paid in full for the remainder of that year and the following year.

Please make checks payable to **Cefalutana Society** and mail to:

Cefalutana Society
 c/o Lisa Serio
 P. O. Box 6634
 Metairie, LA 70009