

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 _____

- ***New members one-time Initiation Fee of \$100 to be paid at time of induction. Non-refundable and not prorated.***
This is required in addition to the yearly membership dues.

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

- | | | | |
|--|---|---|---------------------------------------|
| <input type="checkbox"/> Bereavement Bakers | <input type="checkbox"/> Memorial Brunch & Slide Show | <input type="checkbox"/> New Member Committee | <input type="checkbox"/> Photography |
| <input type="checkbox"/> Children's Activities | <input type="checkbox"/> Italian Culture | <input type="checkbox"/> Publicity | <input type="checkbox"/> By-Laws |
| <input type="checkbox"/> PTS Annual Banquet | <input type="checkbox"/> Communication | <input type="checkbox"/> Scholarship | <input type="checkbox"/> Calling List |
| <input checked="" type="checkbox"/> La Festa -Mandatory | <input type="checkbox"/> Nominating | <input type="checkbox"/> Soliciting | <input type="checkbox"/> Picnic |
| <input type="checkbox"/> Care & Visit Shut-ins | <input type="checkbox"/> Gardening/Watering | <input type="radio"/> Other _____ | |