

ITALIAN CATHOLIC FEDERATION

8393 Capwell Drive, Suite 110

Oakland, CA 94621

MEMBERSHIP APPLICATION AND DATA FORM



Branch No. _____ City: _____

Family Name: _____

Leave Blank
For New
Members

No.	First Name	Int.	Birthdate Mo. Da. Yr.	Age	Member No.	Dues Paid	Date Paid	To	No. Of Mo.
1						\$			
2						\$			

Children: Under the age of 18 or 18-23 if full time student

3	</
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Address: _____

City St Zip Code

E-mail Address: _____

Area Code Number

Telephone: _____ Application Sponsor Name

Are you a baptized Roman Catholic? ☐ YES ☐ NO

What parish do you belong to? _____
Name of Church

If not Catholic, is your spouse a baptized Roman Catholic and a member
the I.C.F.? ☐ YES ☐ NO

Action Requested

- ☐ Individual Membership
- ☐ Family Membership
- ☐ Change Address/Name/Ph.
- ☐ Cancellation Hospital Plan
- ☐ Transfer To Br.# _____
- ☐ Transfer From Br.# _____
- ☐ Cancellation of Membership
- ☐ Applies to Hospital Plan:
Date: ____/____/____
No: _____ Age: _____
- ☐ Deceased
Died on: ____/____/____
Date: ____/____/____

Signature of Applicant/Member

Signature of Spouse

Secretary