



# Italian American Community Center, Inc.

150 Frank DiMino Way, Rochester, New York 14624 • (585) 594-8882 • FAX (585) 594-8506 • [www.iaccrochester.org](http://www.iaccrochester.org)

## Membership Application

Membership Categories Family Individual

### Membership and Mailing Information (PLEASE PRINT)

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_

Email Address \_\_\_\_\_ Date of Birth \_\_\_\_\_

### In Case of Emergency

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Relationship \_\_\_\_\_

### Household Information (PLEASE PRINT)

First Name	Last Name	Gender	Birth Date	Relationship

### Membership Agreement

As a member of the Italian American Community Center, Inc., I agree to abide by the rules and by-laws of the IACC which are designed for the benefit of all its members. I understand that participation in the IACC is a privilege and membership may be revoked with just cause. I agree to fully and truthfully complete any medical screening forms that may be required as a condition for participation in an IACC program. A member agrees that use of all facilities will be at the member's sole and exclusive risk. The member also waives any claims for damage, loss or theft of member's property arising out of, or in connection with, the use of any IACC facility including the parking lot and roadways. My estate and I hold harmless the IACC, its officers, directors and employees from any damages, claims, loss and liability relating to my participation in any IACC program.

Signature \_\_\_\_\_

Date \_\_\_\_\_

References (PLEASE PRINT)

Name \_\_\_\_\_ Telephone Number \_\_\_\_\_ Relationship \_\_\_\_\_

IACC member? \_\_\_\_yes \_\_\_\_no

Name \_\_\_\_\_ Telephone Number \_\_\_\_\_ Relationship \_\_\_\_\_

IACC member? \_\_\_\_yes \_\_\_\_no

Why do you wish to become a member? \_\_\_\_\_

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**ITALIAN AMERICAN COMMUNITY CENTER, INC.**  
**Membership Categories, Dues and Benefits**  
**(Effective 06/27/2011)**

**DUES STRUCTURE - Payment upon Board of Directors' Approval**

**Membership Categories**

**Family Membership**

**Annual Dues**

**\$195.00 or Senior 10% Discount (age 65) - \$175.50**

2 adults and all dependents under and including the age of 23 and 1 dependent adult, who receives government benefits for a permanent 100% disability, all living in the same household.

Also includes single parent families.

Any household which includes a head of household, or their spouse, age 65 and over shall receive a 10% discount.

**Individual Membership**

**Annual Dues**

1 adult

**\$140.00 or Senior 10% Discount (age 65) - \$126.00**

**Corporation Membership**

**Annual Dues**

Corporation (up to six individual memberships) **\$600.00**