



150 Frank DiMino Way, Rochester, New York 14624 • (585) 594-8882 • FAX (585) 594-8506 • 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 at any time 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. I agree that the use of all facilities will be at my sole and exclusive risk. I waive any claims for damage, loss or theft of my 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 _____

Relationship _____ IACC member? _____yes _____no

Name _____ Telephone _____

Relationship _____ IACC member? _____yes _____no

Why do you wish to become a member? _____

<p style="text-align: center;">ITALIAN AMERICAN COMMUNITY CENTER, INC. Membership Categories, Dues and Benefits (Effective 2/8/2022)</p>

DUES STRUCTURE - Payment upon Board of Directors' Approval

Membership Categories

Family Membership

Annual Dues \$140

Two (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.

Individual Membership

Annual Dues

One (1) adult

\$100

Corporation Membership

Annual Dues

Corporation (up to six individual memberships)

\$600.00