

APPLICATION FOR MEMBERSHIP

PLEASE PRINT OUT APPLICATION OR FILL IT OUT ELECTRONICALLY TO COMPLETE IT AND RETURN TO ANGIE IANIRO BY MAIL OR EMAIL TO: ASPITALIERI@NOIAFOUNDATION.COM.

PERSONAL First and Last Name ______ M.I. _____ Salutation Name (i.e. your name is Anthony, but you go by Tony) Home Address City/State/Zip _____ Mobile Number (____) Work Number (optional) (_____) Spouse's Name (if applicable) Children's Names & Ages (if applicable) What is the extent of your Italian heritage? (Applicant must be part Italian)_____ What is the region or town your family is from? When is your birthday? (month and date only, please)



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EDUCATION

High School	City/State			
College/University	City/State			
Degree				
Additional Education				
PROFESSIONAL				
Place of Employment				
Title				
Business Address				
City, State, Zip				
Work Number (optional)()	Ext.			
E-Mail				
How do you prefer to be contacted? Mobile Work F	Phone E-mail			
Where do you prefer your mail to be sent? Home Work				



NOIA INFORMATION

Member/Truste	ee Reference					
Why do you wa	nt to become a member of the	NOIA Foundation?				
What level of m	nembership are you interested i	n? (Please do not in	clude a check w	rith your application)		
	Trusteeship - \$5,000					
	Membership - \$1,000					
	Family Membership - \$10,000 (includes 2 trustees and 2 general members)					
	Intermediate Membership - \$500 (31-40 years old)					
	Associate Membership - \$250 (22-30 years old)					
	Spousal (Contact Angie)					
am interested	in the following committees:					
	Membership & Marketing	Planned Giving		Cultural		
	Financial & Investment	Philanthropy & Cor Service	mmunity	Governance		
am interested	in these types of events:					
	Bocce	Cooking/Wine Events		Speaking Events		
	Golf	Your Suggestion				
		<u></u>				
Are you involve	d in any other organizations?	Yes	No			
f Yes , please lis	st here:					
•	ort the tradition, values and the mission statement, and I am col	heritage of the Nort	thern Ohio Italiar	n American Foundation as		
Signature						
Please return a Angie Janiro I F	pplications to: executive Director, NOIA Founda	ition				

12018 Mayfield Road, Cleveland, OH 44106 | 216.229.1346 | noiafoundation.com

