THE KINGS POINT ITALIAN CLUB

Sun City Center, Florida 33573
MEMBERSHIP FORM
PLEASE PRINT

Date _____

Member #1 Last name _____

Member #1 First name_____

Member #2 Last name _____

Member #2 First name_____

Phone #1_____ Phone #2_____

Residency - Check one: full time _____ part time**_____

Are you a resident of: Kings Point _____ Sun City Center _____

Address _____
** If part time please provide alternate address below:

_____

Email address _____
** If part time please provide alternate Email address below:

_____

Are you able to help at events or serve on a committee: Yes ____ No ____

Sign _____ Sign _____

Annual membership: $10.00 per person
Make checks out to: The Italian Club
Mail to: Cheryl MacPhee
2454 Sifield Greens Way
Sun City Center, FL 33573
Phone: 813-746-1117

Indicate how you want to be contacted EMAIL ☐ MAIL ☐