

2019-2020 RENEWAL FORM

Membership for FIAME is \$25.00 per person and \$40.00 per couple.

YES, I wish to join FIAME and receive fliers with the announcements of events and activities of interest. I further wish to help our Italian American youth in their quest for higher education.

\_\_\_\_\_ Enclosed is my renewal of \$25.00

\_\_\_\_\_ Enclosed is our joint renewal of \$40.00

\_\_\_\_\_ I wish to make a further contribution of \$ \_\_\_\_\_ to help support FIAME's Scholarship fund.

Name(s) \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Email Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Job Title \_\_\_\_\_

School/Organization \_\_\_\_\_

Please list friends who may be interested in joining FIAME

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

**PLEASE MAIL TO: FIAME**

**2531 WESTERVELT AVENUE**

**BRONX, NY 10469**