

THE AMERICAN WOMEN'S ASSOCIATION OF ROME

Membership Application Form

Please Print

Name  
(First, Last) \_\_\_\_\_ Use Mrs? yes \_\_\_\_\_ no \_\_\_\_\_

Citizenship \_\_\_\_\_ Passport # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Country \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone Home \_\_\_\_\_ Office \_\_\_\_\_ Mobile \_\_\_\_\_

E-mail \_\_\_\_\_

Fax \_\_\_\_\_ Website \_\_\_\_\_

Profession \_\_\_\_\_

Employed \_\_\_\_\_ Self-employed \_\_\_\_\_ Part-time \_\_\_\_\_ Full-time \_\_\_\_\_

Employer \_\_\_\_\_

Birthday: Month \_\_\_\_\_ day \_\_\_\_\_ year \_\_\_\_\_ Arrival in Rome? \_\_\_\_\_

Prior club/association experience \_\_\_\_\_

Family information if applicable

Spouse's name \_\_\_\_\_ Citizenship \_\_\_\_\_

Husband's Profession \_\_\_\_\_ Employer \_\_\_\_\_

Children's Name:	Year of Birth	Children's Name:	Year of Birth
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1. _____	_____	3. _____	_____
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2. _____	_____	4. _____	_____
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*I hereby agree to conduct myself at AWAR events and participate in AWAR electronic mail lists in a manner that reflects favorably on the Association.*

Signature \_\_\_\_\_ Date \_\_\_\_\_