



EFASCE di Philadelphia

Membership Application / Renewal

Name: _____

Address: _____

City, State, Zip Code: _____

Home Phone: _____

Mobile Phone: _____

E-Mail Address: _____

Date of Birth: _____

Marriage Anniversary: _____

Family Town(s) of Origin: _____

Friulan Family Name(s): _____

Relationship of Ancestor(s): _____

Involvement Interests: Membership Entertainment Student Exchange
 Website History Other

Special Interests: _____

Signed: _____

Preferred Method of Contact: E-Mail Hard Copy Mailing Other _____

ANNUAL DUES:

General / Affiliate (Ages 21+) = \$25 Junior Member (Ages 15-20) = \$10

Corporate / Benefactor = Contact EFASCE

Please remit this forma and dues payable to "EFASCE di Philadelphia" directly to:

EFASCE di PHILADELPHIA

P.O. Box 625

Flourtown, PA 19031

Questions can be directed to membership@efasce.net or

Bob Roman: 215-233-4063 Lisa Roman: 215-247-1393

****Membership is also a consent for your picture and name to be used on our social media if the opportunity arises, and inclusion in the Member Directory, unless you specify otherwise.**

EFASCE USE ONLY Date Received: _____ Date Approved: _____ Accepted: _____

Form v6, Feb, 2017 General Affiliate Junior Corporate / Benefactor