



MEMBERSHIP FORM 2018-2019

All fields are required to complete membership

SICE membership year is October 1 to May 30.

First Name: _____ Last Name: _____

Spouse Name: _____

Address: _____

City: _____ State: _____

Zip: _____ Phone: () _____

Email: _____

Full Time Resident: Yes No Arrival Date: _____ Departure Date: _____

Membership type: Single \$25

Couple \$ 40

Donation: \$ _____ *(All donations made to SICE are tax deductible)*

Total Enclosed: \$ _____

Please make checks payable to:

Sarasota Italian Cultural Events (SICE)

Mail to: SICE Inc P.O. Box 17292 Sarasota 34276

Yes, I want to volunteer at an event

Membership forms are available at all events and online at www.italyinsarasota.com