Mail to:
ICF Branch #36
P.O. Box 2286
Monterey, CA 93942-2286
(831) 394-8224

ITALIAN CATHOLIC FEDERATION
8393 Capwell Drive, Suite 110
Oakland, CA 94621

MEMBERSHIP APPLICATION AND DATA FORM

Branch No. 036 City: Monterey, California

Family Name:

Leave Blank For New Members

No.	First Name	Int.	Birthdate Mo. Da. Yr.	Age	Member No.	Dues Paid	Date Paid	To	No. Of Mo.
1						$			
2						$			

Children: Under the age of 18 or 18-23 if full time student

3					Family Rate
4					$
5					

Address: No. Street

City ST Zip Code -

E-mail Address: _____

Telephone: Area Code Number -

_____
Application Sponsor Name

Are you a baptized Roman Catholic? ☐ YES ☐ NO

What parish do you belong to? _____
Name of Church

If not Catholic, is your spouse a baptized Roman Catholic and a member the I.C.F.? ☐ YES ☐ NO

Action Requested

- ☐ Individual Membership
- ☐ Family Membership
- ☐ Change Address/Name/Ph.
- ☐ Cancellation Hospital Plan
- ☐ Transfer To Br.# _____
- ☐ Transfer From Br.#_____
- ☐ Cancellation of Membership
- ☐ Applies to Hospital Plan:
  Date: ___ /___ /___
  No: _____ Age: _____
- ☐ Deceased
  Died on: ___ /___ /___
  Date: ___ /___ /___

_____
Signature of Applicant/Member

_____
Signature of Spouse

_____
Branch #36 Secretary