



# UNICO National

271 Rt. 46 West, Suite F-103, Fairfield, NJ 07004

## *Service Above Self*

I am pleased to apply for membership as a National Member of UNICO National. I understand that my membership application will be reviewed by the UNICO National Board of Directors. Upon approval, I will be billed the annual membership fee of \$70. Your National Membership includes a subscription to ComUNICO magazine.

Applicant's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone No.: ( ) \_\_\_\_\_ Cell Phone No.: ( ) \_\_\_\_\_ Fax No.: ( ) \_\_\_\_\_

Email Address (*please print clearly*): \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Business Phone Number: ( ) \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Are you a United States Citizen?  Yes  No If foreign born, date naturalized? \_\_\_\_\_

Italian By Ancestry:  Maternal  Paternal  Both Italian By Marriage:  Yes  No

Maiden Name: \_\_\_\_\_

How did you hear about UNICO National (*If referred by a friend, please indicate name(s)*) \_\_\_\_\_

Are you being sponsored by a member of UNICO? (*if so indicate their name(s)*) \_\_\_\_\_

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

**For Office Use Only:**

**Received On:** \_\_\_\_\_

**Board of Directors Approval:** \_\_\_\_\_

**Billed On:** \_\_\_\_\_