



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 \$65. 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: _____