



ITALIAN AMERICAN HERITAGE FOUNDATION

425 N. 4TH STREET, SAN JOSE, CA 95112 • WEBSITE: www.iahfsj.org • EMAIL: iahfsj@iahfsj.org

2025 ANNUAL MEMBERSHIP APPLICATION / RENEWAL FORM

NEW MEMBER RENEWING MEMBER

Benefits for all Members

- Memberships, except for La Dolce Vita, are good through Dec 31, 2025
- Knowledge that you are supporting a non-profit organization and the South Bay Italian community
- Email announcements of IAHF events with discounted rates
- Access to a network of Italian Americans in all types of businesses, organizations and societies
- Italian language courses at discounted rates
- Subscription to the monthly IAHF newsletter - please indicate your choice below

- Digital newsletter delivered via email - **Be IAHF GREEN!! Saves Money & Trees!!**
- Printed newsletter via US Mail only - additional \$20 to help offset costs of printing and mailing
- Both versions of newsletter delivered via US Mail and email - \$20 additional

Membership Directory Information

Please exclude me from the directory and other announcements that will be shared with others

I would like to volunteer for:

Cooking help Building repairs Office/Computer work Festa Volunteer Marketing

Membership levels and benefits (select one)

Student Membership • \$20 **Business Membership \$250**
includes 2 business card sized ads per year in our newsletter

Family Membership • \$95
Entitles members of the immediate family (includes spouse/partner and children under 18 years of age) to be a members and each family member will receive a membership discount at designated events.

Individual Membership • \$60
Entitles an individual to be an IAHF member and receive a membership discount at designated events

Patron Level Membership (formerly called Super Donors) levels and benefits

Additional Patron Level Benefits: Two (2) free Regional Lunches or cooking classes, recognition in the newsletter, and an invitation to a Special Event with the IAHF Board

Da Vinci \$250 **Medici \$500** **Montessori \$1,000** **La Dolce Vita (Lifetime) \$5,000**

Primary Member/Business Name _____ Birth Month (optional) _____

Address _____

City _____ State _____ Zip _____

Phone # _____ Cell Phone # _____

Email _____ Spouse/Partner Email _____

Spouse/Partner Name _____ Birth Month (optional) _____

Emergency Contact _____ Phone _____

Anniversary Month (optional) _____ Other _____

Easily sign up or renew your membership online at iahfsj.org/membership