



ITALIAN AMERICAN HERITAGE FOUNDATION

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

2024 ANNUAL MEMBERSHIP APPLICATION / RENEWAL FORM

NEW MEMBER

RENEWING MEMBER

Benefits for all Members

- Knowledge that you are supporting a non-profit organization and the South Bay Italian community
- A Membership Card and email announcements of IAHF events with discounted rates
- Access to the Twila Venuti Library's support services (by appointment)
- 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(s) 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

Patron Membership • \$175

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

Family Membership • \$80

Entitles every member of the immediate family to be a member of the IAHF and each family member will receive a membership discount at designated events. Family memberships include a spouse/partner and children under 18 years of age

Individual Membership • \$60

Entitles an individual to be an IAHF member and receive a membership discount at designated events

Business Membership \$150

Student Membership • \$20

Da Vinci \$250

Medici \$500

Montessori \$1,000

La Dolce Vita (Lifetime) \$3,000

Primary Member Name _____ Birth Month (optional) _____

Address _____

City _____ State _____ Zip _____

Email _____ Spouse/Partner Email _____

Home Phone _____ Cell Phone _____

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