



## Membership Application / Renewal

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

Spouse (for family membership): \_\_\_\_\_

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

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

Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Sponsor (if any): \_\_\_\_\_

- Student (high school and full-time college) ..... \$ 25
- Individual ..... \$ 60
- Family..... \$ 100
- Life member (individual)..... \$ 600
- Life member (family) ..... \$ 1,000
- Corporate..... \$ 240
- Tax-deductible donation\* ..... \$ \_\_\_\_\_

The Society is undertaking a major fundraising drive to invest in our cultural programs and facilities. We have several ways of recognizing generous individuals and organizations that help us in this important cause. To discuss how your family's name and legacy can be recognized, contact the President Frank Addivinola at [president@dantemass.org](mailto:president@dantemass.org) or 617-777-5936.

Make check payable to Dante Alighieri Society of Mass., Inc. or provide credit card details:

Name (as appears on card): \_\_\_\_\_

Card number: \_\_\_\_\_ Expiration: \_\_\_\_ / \_\_\_\_ CVV: \_\_\_\_\_

Billing address (if different from above): \_\_\_\_\_

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

\* As a 501(c)3 organization, your donation is tax-deductible to the full extent permitted by law.