



# SICE Membership

## MEMBERSHIP FORM 2022-2023

All fields are required to complete membership. SICE membership year is September 1<sup>st</sup> to April 30<sup>th</sup>

**Your Name**

**Spouse's Name**

**Street Address**

**City**

**State**

**Zip Code**

**Phone Number**

*We use email whenever possible.*

**E-mail Address**

**Full Time Resident?**

Yes

No

**Membership Type**

**Single \$25**

**Couple \$40**

**Total Enclosed: \$**

Name Tags (\$15): Please print clearly:

**Donation enclosed: \$**

(Donations are tax deductible. SICE is a 501 (c)(3) non -profit)

Please make checks payable to: ***Sarasota Italian Cultural Events (SICE)***

Yes, I want to volunteer

Mail to:

**SICE**

**PO BOX 17292**

**Sarasota, FL 34276**