SICE Membership

MEMBERSHIP FORM 2025-2026

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

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

Annual Membership Type ○ **Single $25** ○ **Couple $40**

Total Enclosed: $

Name Tags ($20): 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