

**Lincoln Hills Italian Club**  
**Membership Application**  
**Club Year July 1, 2024 thru June 30, 2025**



APPLICANT INFORMATION	PLEASE PRINT CLEARLY
Name of Applicant	
Spouse/Partner (if applying for membership)	
Street Address – (Lincoln, CA 95648)	
Email	
Phone	
Email Spouse/Partner	
Phone Spouse/Partner	

**APPLICANT’S ITALIAN ANCESTRY (One or both parents or grandparents are of Italian descent)**

Father’s Name \_\_\_\_\_ Region/City of Italy \_\_\_\_\_

Mother’s Maiden Name \_\_\_\_\_ Region/City of Italy \_\_\_\_\_

Grandfather’s Name \_\_\_\_\_ Region/City of Italy \_\_\_\_\_

Grandmother’s Maiden Name \_\_\_\_\_ Region/City of Italy \_\_\_\_\_

If you would like to provide additional information about your Italian ancestry please attach

**READ THIS DOCUMENT CAREFULLY BEFORE SIGNING**

The Lincoln Hills Italian Club (LHIC) requires all participants to assume all risks by signing this general release.

Each member of the Lincoln Hills Italian Club (LHIC) agrees to hold harmless and indemnify the Club Officers and Directors from all claims, damages, losses and injuries that may be incurred as a result of their voluntary participation in the activities of this Club, including any services performed by them for the Club. This includes traveling to and from and/or participating/attending in all Club Activities.

By signing below, I am indicating my acceptance of this waiver and release and I am representing that I am in sufficiently good physical condition to participate in the programs and activities of the LHIC. Additionally, signing indicates that I agree to adhere to the current Bylaws and Policies of the LHIC.

Applicant (Print) \_\_\_\_\_ Signature \_\_\_\_\_

Spouse/Partner (Print) \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_

I was referred for membership by Italian Club Member (name) \_\_\_\_\_

**DUES ARE \$20 PER PERSON FOR THE 2024-2025 CLUB YEAR**

**Make checks payable to Lincoln Hills Italian Club and mail with this completed form to:**  
**Sandi Graham, 1736 Creekcrest Lane, Lincoln, CA 95648**  
**Sandi can be reached at 916-826-5711**

**ALL MEMBERSHIP APPLICATIONS ARE SUBJECT TO BOARD APPROVAL**