



## New Member Application

### SIAB Mission Statement:

We are a society of ethical and moral Italian-American businessmen consisting of people that live, work, or worship in Harford County. Under our faith in God, we have come together as a 501(c)(3) charitable organization to support other 501(c)(3) non-profits in Maryland who have similar beliefs, and to assist in the education of young Italian-American students in need through scholarship support. Our organization consists of men of Italian descent, who band together to promote the Italian heritage, work to maintain a positive community image, and uphold the Italian family traditions.

### EXPECTATIONS & COMMITMENTS

While it is common for members to foster personal relationships over time within the group which may eventually lead to business opportunities or other activities, the Society of Italian American Businessmen is **NOT** a business networking group. As noted in the Mission Statement, the organization was established for local businessmen who maintain the means and resources to promote the Italian heritage in Harford County, and to conduct fundraising activities and provide other support throughout the year to local non-profits. The Society of Italian American Businessmen is an **all-volunteer** organization. Members routinely volunteer their time to help local non-profits with varying needs, and to assist in efforts to raise money for charities and the Society of Italian American Businessmen's scholarship fund. **Members are therefore expected to buy and/or sell tickets to the Society of Italian American Businessmen's events and/or raffles, assist with organizing and/or conducting such events, solicit sponsorships from local businesses, and participate in outreach initiatives including promoting the Society of Italian American Businessmen in local parades or other community events.**

Prospective members must attend a least one meeting as a guest of a current member. As an active member of the Society of Italian American Businessmen, you are expected to attend a minimum of nine (9) General Membership Meetings per calendar year and actively participate in one or more committees. General Membership Meetings are held on the second Monday of each month at a local restaurant in Harford County. Members are responsible for the cost of their dinner which is approximately \$50 per meeting.

Please thoroughly consider the expectations and commitments required of our members as you make your decision to apply for membership in the Society of Italian American Businessmen.

**DUES:** \$500 per calendar year and due by the January meeting. Dues are pro-rated if the first year is a partial year.

**Application Process:** Please complete this application in full and submit via email to [info@thesiab.org](mailto:info@thesiab.org), and include "ATTN: Membership Committee" in the subject line. Or, mail your application to: Society of Italian American Businessmen, P.O. Box 1844, Bel Air, Maryland, 21014-4318. Please feel free to send any questions about this application to [info@thesiab.org](mailto:info@thesiab.org).



**PERSONAL & CONTACT INFORMATION**

Please type or print clearly.

DATE: \_\_\_\_\_

Name: \_\_\_\_\_  
                    First                                    Middle                                    Last

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

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

Preferred Phone: \_\_\_\_\_  Home  Work  Mobile

Alternate Phone: \_\_\_\_\_  Home  Work  Mobile

Employer: \_\_\_\_\_ Position/Title: \_\_\_\_\_

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

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

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

Name of Sponsoring Member(s): \_\_\_\_\_

**NATIONALITY**

Members must be of Italian descent. Please indicate your family lineage below.

Paternal: \_\_\_\_\_ Maternal: \_\_\_\_\_

Province in Italy: \_\_\_\_\_ Province in Italy: \_\_\_\_\_

**PLEASE COMPLETE THE FOLLOWING:**

1. Why would you like to become a member of the Society of Italian American Businessmen?



2. Please describe your expectations as a member:

3. Please list all other organizations, past or present, in which you have either been a member or a volunteer, and describe your role or involvement within each organization:

4. As an active member of the Society of Italian American Businessmen, your participation is vital to the organization's success. **You are required to serve on at least one of the organization's fundraising committees.** Please indicate which committee(s) you would be willing to serve. Upon acceptance into the Society of Italian American Businessmen, the respective Committee Chair(s) will contact you to discuss the purpose of the committee and the anticipated level of commitment from the committee member.

**MUST SELECT ONE:**

Required:

- Annual Spring Gala Committee
- Golf Outing Committee
- Annual Linguine & Crab Feast Committee (Fall)

Optional:

- Heritage Committee
- Parade Committee

5. Do you like olives?     Yes  No



**ACKNOWLEDGEMENT**

I, \_\_\_\_\_, hereby submit my application for membership in the Society of Italian American Businessmen. If my application is accepted and my membership to the Society of Italian American Businessmen approved, I pledge to the commitments and expectations as outlined in this application. I understand that I will receive notice of my initial and annual dues, and acknowledge that the initial pro-rated dues must be submitted by the first meeting I attend, and that my annual dues will be paid no later than the January meeting each year. I agree to conduct myself in a manner consistent with SIAB’s mission statement and values, and uphold the SIAB’s positive community image, and that failure to do so may result in termination of my membership.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**MEMBERSHIP COMMITTEE USE:**

Date Submitted: \_\_\_\_\_ Date(s) Attended Meeting as a Guest: \_\_\_\_\_

Date Committee Approved: \_\_\_\_\_

If not approved, indicate reason(s) why: \_\_\_\_\_

Date Board Approved: \_\_\_\_\_ Date Applicant Notified: \_\_\_\_\_

Committee Chairs Notified:

\_\_\_\_\_

Signed: \_\_\_\_\_ Title: \_\_\_\_\_

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