



Joint Civic Committee of Italian Americans  
Women's Division

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Please send payments to Rose Mary Ranallo at  
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*Women's Division Membership Application*

\$35.00

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home # \_\_\_\_\_ Cell # \_\_\_\_\_

E-mail \_\_\_\_\_

Month and Date of Birth \_\_\_\_\_