



# Pontelandolfo Community Inc.

380 Farmwood Rd. • Waterbury, CT. 06704 • <http://www.ponteclub.com>

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## Application for Membership

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_

Phone (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

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

Membership Type: A Regular Member is a member who is a descendant of Pontelandolfo, Italy on the male or female side or married to a descendant of Pontelandolfo, Italy. If the applicant does not meet the above criteria, then they are considered an Honorary Member and require two sponsors. Please check one Membership Type below:

Regular Member: \_\_\_\_\_ (1 Sponsor needed)    Honorary Member: \_\_\_\_\_ (2 Sponsors needed)

General Information: *(Some questions may not apply)*

Are you a descendant of Pontelandolfo, Italy on the Male or Female side? \_\_\_\_\_

Father or Mothers full Pontelandolfo name \_\_\_\_\_

Employment Occupation \_\_\_\_\_

Have you ever been convicted of a felony or a misdemeanor which resulted in imprisonment?  
If yes, please explain \_\_\_\_\_

Have you ever been a member of this organization before? If "YES", please explain why your membership was terminated. \_\_\_\_\_

What is your relationship to your sponsor(s)? \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The information contained in this application is accurate and complete. I authorize the Pontelandolfo Community Inc. to investigate all statements contained in this application pertaining to my membership and background. I understand that any misrepresentation, omission or false statement can lead to rejection or later dismissal.

I agree to comply with the By-Laws of the Pontelandolfo Community Inc. and cooperate with the Officers and Members to promote the principles for which it stands. I understand that failure to comply may result in later dismissal.

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Date)

As the sponsor of the above named applicant, I confirm to the best of my knowledge that the information contained in this application is accurate and complete.

\_\_\_\_\_  
(Signature of Sponsor 1)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Sponsor 2)

(Honorary Member Only)

\_\_\_\_\_  
(Date)

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**\$50 ADMISSION FEE MUST ACCOMPANY THIS APPLICATION**

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