



Dante Alighieri Society of Gainesville, Florida Membership Form

First Name Last Name

Address City State ZIP

Phone E-mail

Regular Membership: \$ 25.00 Student Membership: \$ 15.00



enclosed payment of \$

- cash
- check

Gainesville, _____
(date)

Would you like to be a guest speaker in the future? YES NO

What would your topic be? _____

Membership Receipt from Dante Alighieri Society of Gainesville (EIN/FEI 300243435)

Member Name

Address City State ZIP

2006 Annual membership fee \$

Member signature

Sherrie Nunn, Treasurer

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