



SICE Membership

MEMBERSHIP FORM 2024-2025

All fields are required to complete membership. SICE membership year is September 1st to April 30th

Your Name

Spouse's Name

Street Address

City

State

Zip Code

Phone Number

We use email whenever possible.

E-mail Address

Full Time Resident?

Yes

No

Annual Membership Type

Single \$25

Couple \$40

Total Enclosed: \$

Name Tags (\$20): Please print clearly:

Donation enclosed: \$

(Donations are tax deductible. SICE is a 501 (c)(3) non -profit)

Please make checks payable to: ***Sarasota Italian Cultural Events (SICE)***

Yes, I want to volunteer

Mail to:

SICE

PO BOX 17292

Sarasota, FL 34276