

Highbank, Texas Italian Cemetery Association, Inc.

Membership Application

Date: _____

Name: _____

Street: _____

City: _____ State: _____ ZIP: _____

Phone: _____ e-mail: _____

I would like to be considered for the following positions (if any):

- | | |
|-------------------------------------------|-----------------------------------|
| <input type="radio"/> President | <input type="radio"/> Director #1 |
| <input type="radio"/> Vice President | <input type="radio"/> Director #2 |
| <input type="radio"/> Secretary/Treasurer | <input type="radio"/> Director #3 |
| | <input type="radio"/> Director #4 |
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Please see www.poggioreale.net/htica.html for a description of our organization. Please include a check, payable to *Families of Highbank, Texas*, for the membership fee of \$5.00 with your application, and mail to:

Robert Lowry Jr.
1519 Martin
Houston, TX 77018