

**Michael Angelo Charity
Una Voce South Miami, florida
MEMBERSHIP APPLICATION**

I/WE WOULD LIKE TO BECOME A MEMBER OF

UNA VOCE SOUTH MIAMI WITH ANNUAL DUES OF:

___ \$40.00 FOR FAMILY MEMBERSHIP

___ \$20.00 FOR INDIVIDUAL MEMBERSHIP

___ I WOULD LIKE TO HELP WITH AN ADDITIONAL DONATION

\$___ TOWARDS OUR CHAPTER'S.

NAME _____

MAILING ADDRESS _____

PHONE NUMBER _____ **FAX NUMBER** _____

E-MAIL _____

Signature _____ **Date** _____

PLEASE PRINT PAGE AND MAIL WITH YOUR CHECK OR MONEY ORDER MADE PAYABLE TO " MICHAEL ANGELO CHARITY UNA VOCE SOUTH MIAMI" TO:

**Michael Angelo Charity (UVSM)
P.O. BOX 668046
Miami, Florida 33166**

Also you can used payment Donation using Pay-Pal account in this web- page.

COMMENTS OR QUESTIONS: _____