application for membership

PLEASE PRINT OR TYPE

NAME Mr. / Mrs. / Miss (or Ms.) _____

First Middle Last

ADDRESS _____

_____ Zip Code _____

TELEPHONE _____ Date of Birth _____

I am Irish _____ of Irish Descent _____ Married to a member _____

SIGNED _____ DATE _____

SPONSORED BY _____ DATE _____

DATE ACCEPTED INTO SOCIETY _____

(PLEASE BE SURE ALL SPACES ARE COMPLETED)

RECEIPT FOR DUES

Received from _____ Reg: $20.00

Amount _____ Senior $15.00

Date _____

_____

Treasurer

irish club of willimantic, po box 12, willimantic, ct. 06226
(est. june 18, 1980)