**West Haven Irish American Club**

**P.O. Box 16801**

**West Haven, CT  06516**

WHirish@gmail.com

                  MEMBERSHIP APPLICATION

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Last Name              First Name Middle Initial

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address                                   City                                  State                    Zip Code

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birth Date                                       Home Phone                                    Cell Phone

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Spouse’s Name                                                Names of children residing with you

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation/Profession                           ***Optional*** - Family Name/County Descended from

E-mail address

Membership Applying for**:**

**Please check**:

{  } Single …………………………………………………………      $25.00

{  } Couple…………………………………………………………     $35.00

{  } Family (husband/wife/all children under 21 years of age) ...     $40.00

Committees you would be interested in serving on:

{  } Pancake Breakfast {  } Phone Squad {  } Activities/Social

{  } Fundraising {  } Membership {  } Children’s Activities

{  } Media/Publicity {  } Picnic {  } Christmas Cheer

{  } Parade {  } Scholarship {  } Other

Please mail completed application and check to:

West Haven Irish American Club

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