



# Irish-Americans in Government

P.O. BOX 1795, MINEOLA, NEW YORK 11501

## APPLICATION FOR MEMBERSHIP

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

Street Address

City

Zip Code

Address for correspondence if different than above:

\_\_\_\_\_

Street Address

City

Zip Code

Home Phone: \_\_\_\_\_ Office Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Occupation: \_\_\_\_\_ Company/Agency: \_\_\_\_\_

Father's Family Name: \_\_\_\_\_

Mother's Family Name: \_\_\_\_\_

Irish Ancestry (briefly explain): \_\_\_\_\_

\_\_\_\_\_

Government Agency: \_\_\_\_\_

Title/Position: \_\_\_\_\_ Years of Service: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Sponsor's Name: \_\_\_\_\_

Sponsor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_