

## EMERALD ASSOCIATION APPLICATION FOR MEMBERSHIP

I hereby apply for membership in the Emerald Association of Putnam County, State of New York, and make each of the following statements of fact, personally known to me, intending that the Association rely upon the truth of each in acting upon this application.

### Member Information:

Name(s): \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

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

Names & Ages of Children: \_\_\_\_\_

Brief History of Irish Ancestry: \_\_\_\_\_

Preferred method of communication from the Emerald Association:  US Mail  E-Mail

### How did you learn about the Emerald Association?

- |   |   |                                       |
|---|---|---------------------------------------|
| <input type="checkbox"/> By Member            | <input type="checkbox"/> Please enter name: _____ |                                       |
| <input type="checkbox"/> Website              | <input type="checkbox"/> A Feis                   | <input type="checkbox"/> News Release |
| <input type="checkbox"/> Another Organization | <input type="checkbox"/> Special Events           | <input type="checkbox"/> Newsletter   |
| <input type="checkbox"/> Other                | _____   |                                       |

### Please Indicate the Committee(s) You Are Willing to Serve On (check all that apply):

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Membership             | <input type="checkbox"/> Programs            | <input type="checkbox"/> Publicity          |
| <input type="checkbox"/> New Member Orientation | <input type="checkbox"/> Community Relations | <input type="checkbox"/> Welfare            |
| <input type="checkbox"/> Website                | <input type="checkbox"/> Scholarship         | <input type="checkbox"/> Newsletter         |
| <input type="checkbox"/> Special Events         | <input type="checkbox"/> Feis                | <input type="checkbox"/> Board of Directors |
| <input type="checkbox"/> Parade                 | <input type="checkbox"/> Dance               | <input type="checkbox"/> Other              |

*If elected to membership, I agree to abide by and be governed by the Constitution and By-Laws of the Emerald Association and any future amendments, modifications, and changes thereto.*

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

**Annual Dues** - January through December (please indicate category):

Family - \$25 •  Single - \$15

**Return Application:** The Emerald Association of Putnam County, P.O.Box 141, Brewster, NY 10509;

or to Membership Secretary, Rose Kelly, 502 Seven Fields Lane, Reed Farm, Brewster, NY 10509