

**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 the Association rely upon the truth of each in acting upon the application.

**Member Information:**

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

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

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

Phone Number: \_\_\_\_\_ Cell Phone number: \_\_\_\_\_

e-mail address: \_\_\_\_\_

Name and ages of children if applicable: \_\_\_\_\_

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"/> <b>By Member: name</b><br>_____ | <input type="checkbox"/> <b>Newsletter</b>    | <input type="checkbox"/> <b>OTHER (Please specify)</b> _____ |
| <input type="checkbox"/> <b>Website</b>                  | <input type="checkbox"/> <b>News Release</b>  | _____                                                        |
| <input type="checkbox"/> <b>Another Organization</b>     | <input type="checkbox"/> <b>Special Event</b> | _____                                                        |
|                                                          | <input type="checkbox"/> <b>A Feis</b>        | _____                                                        |

**Please indicate the Committee(s) You are willing to serve on (check all that apply):**

- |                                                    |                                                                     |                                             |
|----------------------------------------------------|---------------------------------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> <b>Board of Directors</b> | <input type="checkbox"/> <b>Parade</b>                              | <input type="checkbox"/> <b>Scholarship</b> |
| <input type="checkbox"/> <b>Dance/Social</b>       | <input type="checkbox"/> <b>Publicity &amp; Community Relations</b> | <input type="checkbox"/> <b>Welfare</b>     |
| <input type="checkbox"/> <b>Feis</b>               |                                                                     |                                             |
| <input type="checkbox"/> <b>Membership</b>         |                                                                     |                                             |

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

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

**Annual Dues - January through December (Please indicate category)**

- |                                             |                                             |
|---------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> <b>Family \$30</b> | <input type="checkbox"/> <b>Single \$20</b> |
|---------------------------------------------|---------------------------------------------|

**Return Application to: Membership Secretary**  
**c/o The Emerald Association of Putnam County**  
**P.O. Box 141**  
**Brewster, NY 10509**