

THE GALWAY SOCIETY
Of Philadelphia
6815 Emlen Street, Phila., PA 19119

APPLICATION FOR MEMBERSHIP

I hereby apply for membership in the Galway Society of Philadelphia.

Name _____

Address _____

City _____ State _____ Zip _____

Phone (____) _____ E-Mail _____

Date of Birth Month ____ Day ____ Year ____ (Must be at least 21).

Birth Place _____

Occupation _____

Basis of Irish Lineage _____

Special Talents, Skills, etc. that you can lend to the Society: _____

Proposer (Print) _____

Signature of Proposer _____

Proposer (Print) _____

Signature of Proposer _____

Application Date _____

Annual Membership Fee (January 1st to December 31st).
\$24.00 per person
\$36.00 per couple