



Friendly Sons of St. Patrick Membership Application

Date: _____

*Applicant : _____ Age: _____

*Mailing Address: _____

City, State, ZIP: _____

*Email Address: _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

Occupation: _____

Business Address: _____

City, State, ZIP: _____

*Name of Irish Ancestor & Relationship: _____

*Sponsor of Applicant: _____

Signature: _____

*Mandatory information

Annual dues are \$35.00 plus a one-time \$20.00 "New Member Packet" fee. Please make check payable for \$55.00 to : **The Friendly Sons of St. Patrick**

Mail your check and application to:

**Friendly Sons of St. Patrick
5663 Balboa Avenue, Box 150
San Diego, CA 92111**

Office Use Only:

- Application Approved** **Check Cleared** **Membership Packet**
 Master Email List **Master Mailing List**