



The South Florida Emerald Society, Inc.

P. O. Box 836225
Miami, Florida 33283-6225
(305) 949-8400
www.emeraldsocietysfl.com

APPLICATION FOR MEMBERSHIP

Date _____

Name _____ Friends _____
Call Me _____

Address * _____ City _____ State ____ Zip _____

Res. Phone _____ Bus _____ Cell _____

Occupation _____ Place of Business (**) _____

Email *** _____

Other Membership Affiliations _____

Place of Birth _____

* Use the address (res. or bus.) you prefer for your Emerald mail. **Check (✓) if using business address.
***Use the email address you prefer for your Emerald newsletter and announcements.

ANCESTRAL ORIGIN (Country or County/Province/City if in Ireland):

Paternal Side _____

Maternal Side _____

Family Name – Maternal Side _____ Paternal Side _____

Member's Birth date _____

Signature

Spouse's Name _____

Children Y__ N__ how many? _____

Signature of Sponsoring Member

Print Sponsor Name

Annual Membership Dues: \$50.00

Total: \$50.00 (Enclose check)

Date Approved

Committee Interest (Check (✓) Any Committee That Interests You)

| | | | |
|------------------------------------|----------------------|----------------------------|------------------|
| St. Patrick's Day Festival () | Public Relations () | Celtic Cultural Series () | Social () |
| St. Patrick's Advertising/Book () | Christmas Dinner () | Installation Dinner () | Membership () |
| Grants & Contributions () | July 4 Parade () | Communications () | Publications () |