

PLEASE PRINT

APPLICATION TO

PLEASE PRINT

FRIENDLY SONS OF SAINT PATRICK OF MOBILE, INC

P.O. BOX 161482 – MOBILE, ALABAMA 36616

For: [] MEMBERSHIP [] REINSTATEMENT [] HONORARY [] LIFE

Name* _____ Date:* _____

Street Address* _____ Date of Birth:* _____

City* _____

State* _____ Zip Code:* _____

Occupation _____

Irish Ancestor _____ (As listed on reverse side)

Email Address _____ Cell Phone* _____

Proposed By _____

Print Name

Signature

Proposed By _____

Print Name

Signature

SIGNATURE OF APPLICANT* _____

Honorary & Life

*Required Fields

Year Joined _____

Years Active _____

SEND DUES (Listed Below) **AND** INITIATION FEE (**\$20**) WITH APPLICATION TO ADDRESS ABOVE
Dues June'23 to May'24= **\$125**; plus Initiation Fee= **\$20**; plus 75th Anniversary= **\$5**; TOTAL =**\$150**

PLEASE LIST IRISH LINEAGE ONLY

*

NAME OF APPLICANT

PATERNAL

MATERNAL

Father

Mother

Grandfather

Grandmother

Great Grandfather

Great Grandmother

Great Great Grandfather

Great Great Grandmother

NOTE: By signing and submitting this application you give the Friendly Sons of St. Patrick the right to substantiate your Irish lineage.

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FOR MEMBERSHIP COMMITTEE USE ONLY:

DATE OF RECEIPT: _____ TIME OF RECEIPT: _____

INTERVIEW DATE: _____ ACCEPTED? YES NO (REASON: _____)

WAITING LIST: YES NO ASSIGNED SEQUENCE NUMBER: _____

MEMBERSHIP VOTE: DATE: _____ MEMBERSHIP APPROVAL: YES NO