



GREATER DANBURY IRISH CULTURAL CENTER

6 Lake Avenue
DANBURY, CT. 06810

APPLICATION FOR MEMBERSHIP

I hereby apply for admission as a member in the GDICC. I understand that if accepted, I will be entitled to participate in all activities of the membership and may have use of the facilities as appropriate. I agree that my reception and continuance as a member is subject to my conduct and the bylaws of the organization.

Membership fee: \$100 per individual; \$150 per Household- 2 adults and children age 20 and under.

(Please type or print clearly)

My Name is: _____

Address: _____

City: _____ State: _____ Zip Code: _____

E-Mail Address: _____ Home Phone: _____

Occupation: _____ Work Phone: _____

Age: _____ Date of Birth ____/____/____

Irish Ancestry _____ Yes _____ No (Not a requirement)

Applicant Signature _____ Date _____

Please Print Name _____ Sponsor _____

GDICC Use only

Fee: _____ Received: _____ Check: _____
amount *date* *number*