Irish-American Society of New Mexico

Membership Application/Renewal Form

| Please Check One: | plication |
|---|---|
| First Name: | Last Name: |
| If this is a renewal, has your contact inform | nation changed? Yes |
| Address: | |
| City: | _ State: Zip: |
| Phone: | - |
| Email: | |
| Please choose your membership level: | |
| Student (\$10) Individual (\$20) | Family (\$25) * |
| ☐ (Optional) Additional Associate Membership to the German-American Club (\$5 per person)* | |
| * If you opt to add the additional GAC fee to a family IAS membership, please indicate which members of your family should receive a GAC associate membership card (and add \$5 per person to your total dues): | |
| Enclosed is a total of \$ | |
| Please make checks payable to "The Irish-American Society" and mail to: | |
| P.O. Box 13435, A | Albuquerque, NM 87192-3435 |
| | OR |
| You can also visit our website (www.iri | shamericansociety-nm.com) and pay by credit card. |
| How did you hear about us? | |
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