

Irish-American Society of New Mexico

Membership Application/Renewal Form

Please Check One: Membership Application Membership Renewal

First Name: _____ Last Name: _____

If this is a renewal, has your contact information changed? Yes No

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

Please choose your membership level:

Student (\$25) Individual (\$30) Family (\$35) *

(Optional) If you receive your newsletter by US mail (instead of electronically), please consider adding an extra \$5 to your annual membership to help offset the costs of mailing and postage.

Enclosed is a total of \$ _____

Please make checks payable to "The Irish-American Society" and mail to:

P.O. Box 13435, Albuquerque, NM 87192-3435

OR

You can also visit our website (www.irishamericansociety-nm.com) and pay by credit card.

How did you hear about us? _____