



P. O. Box 27153  
Halifax, NS  
B3H 4M8

## Membership Application and Renewal 2008

\_\_\_\_\_

Last name (please print) Given names (underline usual name)

\_\_\_\_\_

Mailing address

\_\_\_\_\_ ( ) \_\_\_\_\_

(mailing address continued) Postal Code Telephone number

\_\_\_\_\_

Email Address (Signature)

Membership: ( ) Individual (\$15/yr.) ( ) Family (\$20/yr.)  
(If family, please list full names of each family member in your household other than yourself—at time of first application only.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Aspects of Irish Heritage that interest you:

- |   |  |                                    |
|---|--|------------------------------------|
| <input type="checkbox"/> music            | <input type="checkbox"/> theatre               | <input type="checkbox"/> history   |
| <input type="checkbox"/> language (Irish) | <input type="checkbox"/> dance                 | <input type="checkbox"/> genealogy |
| <input type="checkbox"/> literature       | <input type="checkbox"/> folklore              | <input type="checkbox"/> sports    |
| <input type="checkbox"/> current events   | <input type="checkbox"/> other (specify) _____ |                                    |

<p><i>If you live in the Halifax area, please indicate whether you would like to receive <b>notification of events</b></i></p> <p>( ) <i>by email only</i></p> <p>( ) <i>by telephone only</i></p> <p>( ) <i>by both email and telephone</i></p>	<b>FOR OFFICE USE ONLY</b>
	PAID
	RECEIPT
	CONTACT
	CARD
	LIST
	RENEW