



# *Lancaster Irish American Cultural Society*

Registration form

Name: \_\_\_\_\_

Other family members: \_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

City, Zip Code: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Landline: \_\_\_\_\_

Email address: \_\_\_\_\_

Annual Registration fee. \$15.00 per person.

Total Enclosed \$ \_\_\_\_\_

*This membership form can be printed and brought to the next meeting / social function.*