



# Lancaster Irish American Cultural Society

## Application for Membership

Date \_\_\_\_\_

### Applicant 1

Name \_\_\_\_\_

Address \_\_\_\_\_

City State Zip \_\_\_\_\_

Primary Telephone Number \_\_\_\_\_

Secondary Telephone Number \_\_\_\_\_

Email Address\* \_\_\_\_\_

### Applicant 2

Name \_\_\_\_\_

Address \_\_\_\_\_

City State Zip \_\_\_\_\_

Primary Telephone Number \_\_\_\_\_

Secondary Telephone Number \_\_\_\_\_

Email Address\* \_\_\_\_\_

How did you hear about LIACS and what influenced you to join? What do you hope to get from your membership? Detailed answers are appreciated.

\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mail this application form and a check for annual dues of \$15.00 **per applicant** to the Treasurer:

Corinne Keener  
705 Fruitville Pike  
Manheim, PA 17545-9718

\*By providing your email address as part of your contact information you agree to receive email correspondence from LIACS including, but not limited to, information about upcoming events and messages from the LIACS Board of Directors.