



**Southern Nevada Sons and Daughters of Erin**  
**PO Box 749, Las Vegas NV 89125-0749**

## *Membership Application*

Amount due: \$20 per individual or \$30 per family

Date: \_\_\_\_\_ Birthday (MM/DD): \_\_\_\_\_

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

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

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

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

Interests and hobbies: \_\_\_\_\_

What is your Irish Heritage, if any? \_\_\_\_\_

What activities/committees are you interested in joining? \_\_\_\_\_

Signature: \_\_\_\_\_