



NO. \_\_\_\_\_

## ICCD MEMBERSHIP FORM

Please mail completed form and check made payable to  
ICCD to the address below. Thank you and WELCOME!

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

SPOUSE'S NAME: \_\_\_\_\_

NUMBER OF CHILDREN UNDER 18 YEARS OF AGE: \_\_\_\_\_

CHILDRENS' NAMES: \_\_\_\_\_

SPECIAL INTEREST YOU WOULD LIKE TO SEE AS A CLUB FUNCTION:

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

HOW DID YOU HEAR ABOUT US?

\_\_\_\_\_

YEARLY DUES:                      SINGLE: \$10.00                      FAMILY: \$15.00

MAKE CHECKS PAYABLE TO: I. C. C. D.

MAIL TO:                                      NEW MEMBERSHIP  
IRISH CULTURE CLUB OF DELAWARE  
P. O. BOX 3374  
WILMINGTON, DE 19804

**FOR CLUB USE ONLY:**

YEARLY DUES:                      SINGLE: \$10.00                      FAMILY: \$15.00

DUES PAID: \_\_\_\_\_                      DATE: \_\_\_\_\_                      AMOUNT: \_\_\_\_\_