



# IRISH AMERICAN SOCIETY OF THE HAMPTONS

PO Box 302  
Hampton Bays, New York 11946

## MEMBERSHIP APPLICATION

I wish to be considered for membership in the  
Irish American Society of the Hamptons

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

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

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

Telephone #: \_\_\_\_\_ (A YEAR ROUND NUMBER FOR CALLING POST)

Cell #: \_\_\_\_\_

Name of relative of Irish decent: \_\_\_\_\_

Relationship to above: \_\_\_\_\_

County of Origin \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature