The Shamrock Club of Columbus
MEMBERSHIP APPLICATION

60 West Castle Road
Columbus, Ohio 43207
Phone: (614) 491-4449

Email:shamrockclub1936@shamrockclub.com Website:www.shamrockclubofcolumbus.org

[ ] New Applicant [ ] Renewal Applicant
Please print or type legibly **Todays Date: _____**

Last* **First*** **Middle** **Date of Birth***

Mailing Address* **City*** **State*** **Zip*** **Phone***

Occupation/Profession* **Spouse/Significant Other & DOB**

E-mail address* _____

Sponsor* (Must be member-in-good-standing of the Club) **Sponsor's signature Date**

***Indicates mandatory field**

[ ] Junior Membership (Age 18 & under)	$5/yr.
[ ] Pub Membership (Access to pub, club rental, newsletter)	$25/yr.
[ ] Senior Membership (Age 65 & over, full rights)	$30/yr.
[ ] General Membership (Full Membership rights)	$50/yr.
[ ] Family Membership (Married couple & all children under 22 at home)	$90/yr.

For Family Membership list spouse & children under 22 living at home with dates of birth:

Name **Date of Birth**

_____ _____
_____
_____ _____
_____
_____

Describe Irish Lineage (if known): _____
_____

For Membership Committee Use Only:

By a majority vote of the Executive Board on _____, this applicant is hereby:

[ ] Accepted [ ] Rejected Card issued and sent _____