



**St. Patrick's Committee
of West Springfield, Inc.**
P.O.Box 203, West Springfield, MA 01090

Membership Application

Name _____ Date _____

Address _____

Phone _____ Cell _____

e-mail _____ Birthday Month ____ Day ____

Number of Years Member _____

(approximately)

New Member ? yes ___ no ___

Heard about the committee from friend _____ newspaper _____
(Please check)

Have you ever received an award given by the St. Pat's Committee? If so, what?
_____ In what year? _____

(if more than one, please list on back)

The dues for the 2017/18 season is \$25.00. All membership money goes into the Sunshine Fund for dispersment as needed. Our membership year is from June 1st to May31st. To be eligible to vote in any given year your dues must be paid by the beginning of the last meeting of December. (Dates vary)

A copy of the current by-laws will be given to you. Please read them to have full knowledge of the Mission of this committee. We, as a committee, are proud of what we do in and for the Town of West Springfield, and hope you will enjoy your membership. **Please make checks payable to: The St. Patrick's Committee of West Springfield, Inc.**

I accept membership into the St. Patrick's Committee of West Springfield, Inc.

Signed _____ **Date** _____

Dues Paid _____ **Date** _____