

**THE CAPE CORAL IRISH AMERICAN CLUB
2010 RENEWAL APPLICATION**

Type of membership:

_____ **CHARTER MEMBER \$100.00 for 5 year membership**
(Only 100 Charter Members will be accepted)

_____ **SINGLE \$15.00 per year**

_____ **FAMILY/COUPLE \$25.00 per year**
(Please print all information)

Date _____

Name _____

Number of family members under 18 _____ *(List them)* _____

Local Address: _____

City _____ STATE _____ ZIP _____

Phone _____

E-MAIL _____

Northern Address: _____

City _____ STATE _____ ZIP _____

Phone _____

E-MAIL _____

Please mail application and check to:

**THE CAPECORAL IRISH AMERICAN CLUB
PO BOX 101511
CAPE CORAL, FL 33910**

*May God grant you always:
A sunbeam to warm you, a moonbeam to charm you,
A sheltering Angel so nothing can harm you.
Laughter to cheer you.
Faithful friends near you.
And whenever you pray,
Heaven to hear you."*