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DAUGHTERS OF ERIN   **2021**
c/o Peggy McCathran, 3012 E. Mound St., Columbus, OH 43209
Membership Form

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Thank you for your interest in the Daughters of Erin. We are an Irish American W omen's group established in 1978. Membership is open to all women with a genuine interest in Irish culture. We work alongside the other Central Ohio Irish groups in cultural, educational and charitable activities.

The Daughters of Erin provides its members the opportunity to strengthen their Irish cultural ties and to make lasting friendships. Members receive our monthly newsletter "Echo of Erin" which covers all Irish community events and organization news. Please visit our website: daughtrersoferin.org.

New memberships are accepted at any time. Annual membership renewals are due in January of each year. After July 1, new members may join for half-price. Please complete this form and mail it to the above address or bring it with you to one of our general meetings Meetings are held at 2 p.m. the second Sunday of the month (September through June). We meet at Trinity School behind St. Christopher's Catholic Church, 1420 Grandview Avenue in Columbus, Ohio.

It is important that you fill out the form and return it with your payment. We will be printing a new roster and this will insure we have your correct information. We are requesting all Honorary Members complete and submit this form as well.

Name _____**Spouse First Name**_____

Address _____**Birthday** _____
                                                                                                        MM / DD

City _____ **State** _____ **Zip Code** _____

Telephone Info (include area code)

Home Telephone _____**Cell** _____ **Work** _____

Email Address _____

Would you like to receive your newsletter by E-mail?   (circle one)   Yes   No

<u>Please check one:</u>

Membership Type	Renewal Current Member <u>Annual Dues</u>	New Member Joining <u>After July 1</u>
[} *Junior (0 to 17 years of age)* Birthdate_____ **MM / DD**	$ 10.00	$ 5.00
[} *Regular (18 to 79 years of age)*	$ 20.00	$ 10.00
[} *Honorary (80 years of age and older)*	No Dues	No Dues

Donations to special funds: _____

Bereavement Fund $_____   **Payment Type**_____

Scholarship Fund $_____   **Date Received**_____

Scholarsip Fund $_____   **Membership Card Sent**_____