

The County Leitrim Society of New York
P.O. Box 72
Woodlawn Station
Bronx, NY 10470

Membership Application Form

First Name: _____ Last Name: _____

Address: _____ Apt: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work: _____

E-mail: _____

Father's Name: _____

Mother's Maiden Name: _____

Sponsor Name: _____

Preferable method of communication _____ Mail _____ E-mail

Do you wish your telephone number to be added to the list of automated voicemail messages of current events and last minute notices? If yes, please indicate telephone number

_____ Yes _____ No _____ Telephone number

Signature: _____ Date: _____

Membership Fee: \$20.00 per person or \$30 per couple

Meetings are held the third Thursday of each month. Location of meetings will be announced in the monthly newsletters.