



The Order of the Friendly Sons of the Shillelagh of the Jersey Shore

MEMBERSHIP APPLICATION

PLEASE PRINT

NAME _____ DATE OF BIRTH _____
LAST FIRST MI MONTH / DAY / YEAR

ADDRESS _____

EMAIL ADDRESS _____ CELL # _____ OTHER # _____

FATHER'S NAME _____ MOTHER'S MAIDEN NAME _____

FATHER'S FATHER _____ FATHER'S MOTHER MAIDEN _____

MOTHER'S FATHER NAME _____ MOTHER'S MAIDEN NAME _____

PRESENT OR PAST OCCUPATION _____

SPONSOR _____ SPONSOR'S TELE# _____

SPONSOR'S ADDRESS _____ SPONSOR'S EMAIL _____

APPLICANT'S SIGNATURE _____ DATE _____

The information you provide is for use by FSOS only.

Application will not be reviewed until the \$100 Screening Fee is paid.

\$100.00 Screening Fee is Non-Refundable



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VOLUNTEER COMMITTEE INTEREST (MORE THAN ONE CAN BE CHECKED OFF)

Building Maintenance _____ Entertainment _____
Fundraising _____ Golf Tournament _____
5k Race _____ Fluke Tournament _____
Beach BBQ _____ Dinner Dance _____
Easter Egg Hunt _____ Thanksgiving Food Drive _____
Christmas Toy Drive _____ Christmas Lunch _____
Membership _____ Finance _____
By Laws _____ Parade Day _____

FOR MEMBERSHIP COMMITTEE ONLY

Date Received _____ Screening Fee Amt Pd _____ Check # _____ Date _____
Screening Letter Sent _____ Screening Date _____
Membership Committee Approval _____
General Membership Approval Date _____
Invitation Sent for Monthly Meeting _____



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Building Assessment Fee Paid _____ Check Number _____ Date _____

Dues Paid _____ Check Number _____ Date _____