



Sons of Erin Cape Cod General Membership Renewal

Name: _____ Member #: _____ Date of Birth: _____

Cape address: _____

Cape phone: _____

Off Cape address (if applicable): _____

Off Cape phone: _____

Cell phone: _____

Email address: _____

Please make check payable to **Sons of Erin Cape Cod**

All Member Categories	\$75*
Lifetime Membership	\$1,000 (may be paid in full or in 4 equal quarterly payments of \$250)

*** If payment is received after August 1st, a \$25 late fee will be imposed. Prior members who have not renewed for three years will be required to fill out a New Member Application form and pay the associated fees with becoming a new member. ***

Drop at the Club or mail to: **Sons of Erin Cape Cod
P.O. Box 403
South Yarmouth, MA. 02664**

Community Fund Contribution: \$ _____

Please list below any committees, such as Building, Parade, Kitchen, Events, or Membership, that you may be interested in joining or any special skills that you would like to volunteer to the club.

****** Membership renewals due by July 1 ******

***** Please note that Memberships/Donations are not tax deductible. *****