



SONS OF ERIN CAPE COD, INC.
P.O. Box 403 South Yarmouth, MA 02664
Membership Application - One per person
(Complete all Sections)

Applicant: _____
Last, First

Address: _____
Street, City, State, Zip

Cell Phone: _____ Email: _____

Birthdate: _____

Irish ancestry (at least 25%). Please describe:

Are you related to a current member of SOECC? Please describe _____

Sponsor: _____
Name and SOECC Member #

I hereby sponsor _____ for membership in our club,
and further attest that he/she is of good moral character.

Signed: _____ Date: _____

I swear that I have answered all questions on this application truthfully, and will answer questions by the
Membership Committee truthfully as well.

Signature of Applicant: _____ Date: _____

Membership Rates

Full - \$200.00 Initiation \$100 Dues \$100	Associate - \$200.00 Must be a relative or significant other of a member	Lifetime - \$1000.00
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New members can join at any time, but will still need to pay the annual dues by July 1st.

Date Application Received: _____

Payment Cash Check