



(PLEASE PRINT)

NAME(S):

ADDRESS: (Apartment/Street #)

.....

(City/Town)

(Province)

(Postal Code)

(Telephone Home) (____) ____ - _____

(Telephone Cell) (____) ____ - _____

E-Mail

TYPE OF MEMBERSHIP SOUGHT:

- Single (annual dues \$15.00)**
- Family (annual dues \$20.00)**

ENCLOSED:

- CHEQUE (*please make payable to 'Irish Club of Regina'*)
- E-TRANSFER TO irishclubofregina@gmail.com
- CASH

TOTAL \$.....

SIGNATURE:

DATE:

Please return to ICR by mail to:
Irish Club of Regina
I.C.R.
59 Irvin Crescent
Regina, Sask. S4R 5L3.