

Irish American Cultural Institute Membership Form

Yes! I will preserve and promote Irish American and Irish cultures, histories and traditions with the following Membership Level:

□ Member (\$50) □ Friend □ B	•	or (\$100) ロ Patron (\$20 Chairman's Circle (\$5000)	
Nembership levels receive Éire-Irela ure to include your E-Mail address t			
Name:			
Address:			
City:	State: _	Zip:	
Phone:	*E-Mail:*	equired to receive e-newslet	ter and other notices
	permission for the IACI toPlease do not give ouI wish to opt-out o		ocal Chapters
	Payment In	formation:	
Total Membership Cost: \$ Please accept the following tax f	ree donation in addition t	o my Membership: \$	
Total Amount Enclosed/To be Charg	ed: \$	Check (Payable to IACI)	VisaMasterCard
Card Number:		E	expiration:
CSC Code (3 digit, back of	card): Sig	nature:	
I am interested in pro	omoting and preservi	ng my Irish heritage in	the following way:
	_		ting the Irish Way in my area
Joining/starting a local Chapter	Other:		

Please return to: Irish American Cultural Institute PO Box 1716 · Morristown · NJ · 07962 Questions? Phone: (973) 605-1991 · E-Mail: info@iaci-usa.org