

## **MEMBERSHIP APPLICATION**

Name \_\_\_\_\_

Address \_\_\_\_\_

Town \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_

E-mail \_\_\_\_\_

Dues: Individual \$10 Family \$15

Donation (Tax Deductible)

Total Enclosed \_\_\_\_\_

My interests are: (Please circle)

Genealogy Publications Programs  
Oral History Photography Folklore  
Gravestone Rubbings Fund-raising  
Other \_\_\_\_\_

Mail with check for dues to:

**CT Irish-American Historical Society**

**P.O. Box 185833**

**Hamden, CT 06518**

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