



Irish Lacrosse Foundation, Inc.

Membership Application Form

I hereby make application for membership in the IRISH LACROSSE FOUNDATION, INC.
(Please type or PRINT CLEARLY.)

Title (Mr., Mrs., Dr., etc.):	
First Name:	
Middle Initial:	
Last Name:	

Mailing Address 1:	
Mailing Address 2:	
City:	
State:	
ZIP Code:	
Country:	

Contact Phone:	
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Email: Please supply an email address for future communications	
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Membership Dues Amount: \$25.00 / No application will be processed without the initial dues.

Payment received entitles an applicant to a valid membership until the annual renewal date.
Memberships are based on an annual renewal cycle starting on MARCH 17.

Check or Money Order Payable to: IRISH LACROSSE FOUNDATION, INC.

Membership Fee: \$25.00
Donation (optional and most appreciated) ___ \$25. ___ \$50. ___ \$75. ___ \$100. ___ Other

Total Payment: \$_____

Send Application and Payment to: Irish Lacrosse Foundation, Inc. / PO Box 493 / Boonton, NJ 07005-0493

The Irish Lacrosse Foundation is committed to developing the sport of Lacrosse in Ireland, to raise funds for the continuing development of the sport of Lacrosse in Ireland and to generally support, encourage and promote the sport of Lacrosse in Ireland. The Irish Lacrosse Foundation is a 501(c)3 charity. Our tax ID is 113738503.

Applicant hereby acknowledges and agrees that acceptance or rejection of the application rests within the sole discretion of the IRISH LACROSSE FOUNDATION, INC.

Applicant Signature: _____ Date: _____