



MEMBERSHIP REQUEST FORM

NAME: _____

ADDRESS: _____

E-MAIL: _____

PHONE NUMBER: _____

DATE: _____

TIPPERARY BIRTHPLACE/ANCESTRY:

Membership Fees:

_____ One Year \$30.00 _____ Cash _____ Check _____ PayPal _____ Venmo

Or:

_____ Six Years \$150.00 _____ Cash _____ Check _____ PayPal _____ Venmo

Please make check payable to: Tipperary N. & B. Association of NY OR

Venmo: @TipperaryNB

PayPal: dpmsolutions@gmail.com

Kindly mail this form and payment to the Financial Secretary:

Michael Ryan, 301 Palmer Road, Yonkers, NY 10701

(914)720-7410-Cell

E-mail: Drombane@gmail.com

Thank you.



www.facebook.com/TipperaryNY