



## 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](mailto: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.**

