

SHILLELAGH TRAVEL CLUB MEMBERSHIP APPLICATION
(Single \$35/year; Family \$50/year. Both include all dependent children.)
**NOTE: RESERVE FOR AN OVERNIGHT TRIP IN OUR SCHEDULE AND RECEIVE A
COMPLIMENTARY ONE-YEAR MEMBERSHIP!**

Type of Membership: Single _____ (Dependent Children Included)
 Family _____ (see below)

NAME as it appears on your passport: _____

NAME you prefer to be called _____ Male _____ Female _____

HOME ADDRESS: _____

CITY: _____ STATE _____ ZIP CODE _____ - _____

HOME PHONE _____ CELL PHONE _____

OFFICE PHONE _____ EMAIL ADDRESS _____

DATE OF BIRTH _____ CITIZENSHIP _____ PASSPORT #: _____

For Family Membership - List names & birth dates for all dependents on this membership.

NAME _____ DATE OF BIRTH _____

NAME _____ DATE OF BIRTH _____

NAME _____ DATE OF BIRTH _____

Place any additional names on reverse.

EMERGENCY CONTACT: _____ RELATIONSHIP: _____

PHONE #: _____ EMAIL ADDRESS: _____

**PLEASE COMPLETE AND RETURN TO THE CLUB OFFICE ALONG WITH A COPY OF YOUR
PASSPORT PHOTO PAGE.**

**Application is hereby made for membership in the Shillelagh Travel Club. By my signature
below I acknowledge that I agree to abide by the Club's Rules & Regulations and the By-Laws
of the Emerald Shillelagh Chowder & Marching Society, Inc.**

Member's Signature

Member's Signature

Date: _____

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