

HIBERNIA
P.O. BOX 707
BILOXI, MS 39533

NAME _____

ADDRESS _____

HOME PHONE _____ CELL PHONE _____

E-MAIL ADDRESS _____

Spouse Name: _____ Cell: _____ Email _____

PROPOSED NEW MEMBER - SPONSORED BY: _____

If this is a family membership, please list names and ages of children:

Name: _____ Age: _____ Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____

WOULD YOU LIKE TO VOLUNTEER YOUR HELP WITH:

_____ Parties (lots of fun!) _____ Picnic _____ Banquet

_____ Parade _____ Reviewing Stand _____ Bocce Ball

_____ Cookbook _____ Anything you need

_____ SINGLE MEMBERSHIP \$25.00 _____ FAMILY MEMBERSHIP \$50.00

For office use

_____ Input in Quickbooks _____ Input in BCM _____ Copy to Treasurer