

Membership Application

The Shamrock Club of Sacramento

Billyann Groza 290 River Isle Way
Sacramento, CA 95831

Email: sacshamrock@gmail.com | Website: <http://shamrocksac.com>



Last Name	First Name	Middle Initial	Date of Birth (Optional)	
Home Address	City	State	Zip	Home Phone
Occupation/Profession	Business			Business Phone
Spouses First Name		Names of children residing with you		
E-mail address				

- ☐ General Membership..... \$30.00
☐ Senior Membership (over 62).....\$25.00
☐ Junior Membership (under 18)..... \$25.00
☐ Family Membership (husband/wife & all children under 23 at home)..... \$45.00
☐ Club Name Tag.....\$12.50

Name Badges: Pin Back \$10 or Magnetic Back. \$13.50 (ea)_____

Make Check Payable to: The Shamrock Club of Sacramento Total included:_____

Mail to P.O. Box 254692 | Sacramento, CA. 95865

Names on badges Name #1:_____ Name #2:_____

Committees you would be interested in serving on:

- ☐ Membership ☐ CulturalActivities/Events. ☐ Trips/Travel. ☐ Newsletter.
☐ Cultural presentations ☐ Fund Raising ☐ Financial/Budget ☐ Publicity.
☐ Historian. ☐ Bylaws

Annual Events:

- ☐ Halfway to St. Patrick's Family Picnic ☐ St. Patrick's Day Parade ☐ Christmas Party
☐ New Years in Ireland (Annual Toast)

Cash/Check#_____ Date_____. Received By:_____

For Membership Committee Use only: This applicant is hereby: ☐ Accepted ☐ Rejected