

John Boyle O'Reilly Club of Springfield, Inc. 33 Progress Ave., Springfield MA 01104 www.jbo-club.com



Associate Membership Application

APPLICANT NAME (last)	(first)	(middle)	
DATE of BIRTH (<i>mm/dd/yyyy</i>)	EMAIL ADDRESS_		
ADDRESS			
CITY STAT			
CELL PHONE ()	HOME PHONE	()	
BIRTH PLACE			
Have you ever been a member or proposed f	or membership in this Clu	b in the past? YES NO	
Personal Interests (check as many as apply	v): Music Dance	Language Darts	
Irish Culture/History Bagpipes			Trivia
Theatre Friends Pitch 0	Other Card Games	Computer/Technology	
Which committee are you most interested	in joining? (check as ma	ny as apply)	
Entertainment Building Festival			at
Newsletter Scholarship Capit			
Media/Communications Membership	Welcoming Audi	t	
Sponsor and Reference Information			
	NSOR'S NAME Sponsor's Membership Number		
I hereby sponsor Mr/Ms			
John Boyle OReilly Club and further attest the			
Signed		Date	
REFERENCES (2 required)			
1)		Card No	
2)			
I have answered all the questions on this app	lication truthfully and I w	ill answer any questions by the Mer	nhershin
Committee truthfully as well. If not, this will			noersnip

Signature of Applicant_

Date _____

APPLICATION PROCESS: Applicant will complete and submit this application along with respective fees (*\$55.00, includes current year's dues*). Mail with check made payable to "John Boyle O'Reilly Club". The Membership Committee will arrange an interview with the applicant.

PROCEDURE: All applicants for associate membership are referred to the Membership Committee. Upon review and approval by the Committee, the applicant's name is submitted to the Board of Directors. When accepted by the Board, the applicant is announced to the Membership at a regular meeting for final approval. The applicant will receive a notice from the Secretary advising him/her to appear at a Membership Meeting and acknowledge his/her acceptance. At this time, the applicant will receive his/her membership card and be sworn in.