

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



Associate Membership Application

APPLICANT NAME (last)	(firs	st)	(mia	(dle)	_
DATE of BIRTH (<i>mm/dd/yyyy</i>)	EMAIL A	ADDRESS			_
ADDRESS					_
CITY		CODE			
CELL PHONE ()					
BIRTH PLACE					
Have you ever been a member or pr	oposed for membershi	p in this Club in	n the past? YES	NO	
Personal Interests (check as many	as apply): Music	Dance	Language	Darts	
Irish Culture/History Bagpip Theatre Friends Pitch	es GAA	_ Sports	Golf 1	Road Bowling	Trivia _
Which committee are you most in					
Events Building Festiva			* *		
Newsletter Scholarship				ant Applications	
Media/Communications Me	mbership/Welcoming ₋	Audit			
Sponsor and Reference Informati	on				
SPONSOR'S NAME		Sponso	or's Membershi	Number	
I hereby sponsor Mr/Ms			_for associate r	nembership in the	
John Boyle OReilly Club and furthe	er attest that he/ she is o	of good moral c	haracter.	-	
Signed			Date		
REFERENCES (2 required)					
1)			Caro	l No	
2)				l No	
I have answered all the questions or Committee truthfully as well. If not					ership
Signature of Applicant		Date			
APPLICATION PROCESS: Applic					

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.