



MEMBERSHIP APPLICATION

Name: _____ DoB: _____ Home Phone: _____
LAST FIRST M.I.

Address _____
NUMBER STREET CITY STATE ZIP

OCCUPATION EMPLOYER WORK PHONE EMAIL

TYPE OF MEMBERSHIP: (CIRCLE ONE)

*Active – Fire

*Active – Police

*Retired – Fire

*Retired – Police

I am a Firefighter or Police Officer employed full-time or retired from full-time employment with a Fire or Police Department within the State of Ohio.

I am of **Irish Descent** as noted below:

Specify your **Irish Heritage**: *(Please include family name, relation to you, and county of origin, if known)*

APPLICANT’S SIGNATURE _____ DATE

SPONSOR’S SIGNATURE _____ DATE

SPONSOR’S SIGNATURE _____ DATE

The first year’s dues must accompany this application. Dues are \$15.00 a year. Present your application to any officer of the Emerald Society, or mail to:

The Emerald Society of Columbus
P. O. Box 16943
Columbus, Ohio 43216

~~For Membership Committee Use Only~~

By a majority vote of the Executive Board of the Emerald Society of Columbus, Ohio, this applicant is:
Recommended for membership_____ Rejected_____
Amount Remitted _____ Received By _____ Date Received_____