APPLICATION FOR MEMBERSHIP

AS AMENDED MARCH 2010

(\$100 ENTRANCE FEE MUST ACCOMPANY APPLICATION)

NOTICE:

The Constitution reads as follows: "Any person joining this Society under an assumed name, age, or place of birth, or who is suffering from any incurable disease, shall be expelled

and never reinstated."

I HEREBY APPLY FOR MEMBERSHIP in the REBEL CORK BENOVOLENT ASSOCIATION, and certify that the following answers are true: My full name is _____ Address City State Zip I was born in the Parish of _______, County Cork, Ireland, on the _____ day of _____, year of ____, and am ____ years of age. My occupation is If not born in County Cork, Ireland, answer the following questions: I was born at ______ on the ____ day of ____ year and am years of age. My Father—Mother—Grandparent was born in County Cork, Ireland My Father is a member in good standing. Membership # Name I hereby pledge my word of honor that the above is true and in my own handwriting. Signed this day of 20 . We, the undersigned, members in good standing, proposers of the above named applicant, believe that he would make a worthy member of our Society. Proposed by _____ Seconded by INVESTIGATING COMMITTEE: Date: ____ REMARKS: (Pass, Reject)