



Application for Membership

Mail To: GCES, PO Box 180, Pitman, NJ 08071

Name:		Age:
Address:		
City:	St:	Zip:
Phone:	E-Mail:	
Sponsoring Member:		

Membership status sought: Active (Paid, Full time or retired)
 Associate (Volunteer, Honorably Separated)

Department:	<input type="checkbox"/> Active <input type="checkbox"/> Retired
Position:	<input type="checkbox"/> Honorably Sep.

I claim Irish ancestry in what way?

Complete if interested in the Pipes and Drums Band or Color Guard

I play one of the following instruments? <input type="checkbox"/> Pipes <input type="checkbox"/> Drums
I want to learn one: <input type="checkbox"/> Pipes <input type="checkbox"/> Drums
I am familiar with military drill/marching: <input type="checkbox"/> Yes <input type="checkbox"/> No

I have read and I agree with the Organization Purpose and Affiliation Statement
Printed on the back of this application.

Date of Application:	Signature:
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For Organization Use Only

- Membership Committee reviewed: _____
- Voted to Membership: _____
- Dues Paid _____ Amount _____