



Membership Application

Our Mission

To become a dynamic center for Celtic Culture and History by promoting, organizing and supporting Celtic cultural events, educating the community on Celtic culture and history, supporting various charitable causes and foundations and becoming a good citizen in the community.

Membership Type (check one) ___ Family* \$75.00 ___ Individual \$50.00 ___ Student \$15.00

Method of Payment _____

Date: _____

Name: _____ DOB: (mm/dd) _____

Spouse: _____ DOB: (mm/dd) _____

Children (name & age): _____

Address _____

City: _____ State: _____ Zip _____

Home Phone: _____ Work Phone (1): _____ Work Phone (2): _____

Cell Phone (1): _____ Cell Phone (2): _____

Email Address (1): _____ Email Address (2): _____

Emergency Phone: _____

Celtic Heritage(s) of interest: Breton(France), Cornish, Galician(Spain), Irish, Manx, Scottish, Welsh

Committee(s) you might be interested in working with. (mark any that might apply)

___Public Relations ___Music ___Membership ___Fundraising ___Athletics ___Events ___Other _____

Process of Membership:

Application Submitted Date: _____

Attend two functions, one of which must be a general meeting. Dates: _____

Obtain two sponsor signatures on application.

Sponsor (date)

Sponsor (date)

* Includes parent(s) and eligible children.

Please make checks payable to the Celtic Society of Louisiana. Membership payment and form should be sent to the Celtic Society of Louisiana, 1969 Carolyn Sue Dr. Baton Rouge LA 70815.

"Celtic Roots Run Deep!"