

# ALGIERS IRISH REBELS & FRIENDSHIP CLUB

3520 Gen. DeGaulle Drive Suite 3071, New Orleans, LA 70114 Phone 361-6600 Fax 361-6603  
www.algiersirishrebels.com

## 2010 MEMBERSHIP RENEWAL AND ORDER FORM

**Form must be returned with Full Payment by**

**1/15/2010 to avoid a \$25 late fee.**

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
EMAIL: \_\_\_\_\_ CITY/STATE/ZIP: \_\_\_\_\_  
EMPLOYER: \_\_\_\_\_ PHONE: (HOME) \_\_\_\_\_  
PHONE:(WORK/CELL) \_\_\_\_\_  
FLOAT #: \_\_\_\_\_ FLOAT LT: \_\_\_\_\_

CABBAGE:	_____	SACKS @ \$15.00 =	_____	.00	<b><u>(MAXIMUM OF 3 SACKS)</u></b>
CUPS:	_____	CASES @ \$55.00 =	_____	.00	
HATS:	_____	EACH @ \$15.00 =	_____	.00	
SHIRTS:	_____	EACH @ \$30.00 =	_____	.00	Circle size S M L XL XXL
		SUBTOTAL =	_____	.00	
				<b>\$150.00</b>	Add Dues
Late Fee (for payment is received after 1/15/2010)	_____			<b>25.00</b>	
		<b>(Form &amp; Payment due Jan 15, 2010)</b>	_____	.00	TOTAL

Please note prices (except dues) are subject to change according to market prices.

I hereby agree to comply with the rules of membership of the Algiers Irish Rebels and Friendship Club. I fully recognize the authority of my float lieutenant and the officers of the club to enforce these rules. I understand that violation of these rules may result in my being removed from the float and/or expulsion from the club without any refund of dues and/or fees.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

***“Friendship is reaching for someone’s hand and touching their heart!”***

**THIS IS FOR RENEWALS ONLY!!  
ANY NEW MEMBERS THAT USE THIS FORM WILL BE DENIED.**