

IRISH MOTOR CARAVANNERS' CLUB RENEWAL APPLICATION FOR FULL MEMBERSHIP 2020 PLEASE WRITE CLEARLY IN BLOCK CAPITALS

Membership Number		
Member	Member	
SURNAME:	SURNAME:	
FORENAME:	FORENAME:	
ADDRESS IN FULL	CONTACT DETAILS	
	Mobile	
	Phone	
	Land Line	
	EMail	
purposes of my Membership of the	ve information to the Irish Camping Car Club Clg., trading e club. I understand that the information supplied by more meeting the club's operational requirements and its ob	e will be held in
• •	ney Order for €40 made payable to: I rish Camping Car Clu ^t January 2020. <mark>Please note a surcharge of €20 will be ap</mark>	_
Members Undertaking: I hereby ag Conduct of the Irish Motor Caravan	ngree that I have read and agree to abide by the Constitutionners' Club (IMCC). Tick Box to Confirm	on and Code of
SIGNED:	Lead Member SIGNED:	2 nd Member
Date :	Date:	

PLEASE RETURN TO: Valerie Byrne, 60 Brian Avenue, Marino, Dublin 3. EircodeD03W8K5 Tel.: 086-3824055