

## Irish Motor Caravanners' Club

## **Application for Associate Membership 2020**

## PLEASE WRITE CLEARLY IN BLOCK CAPITALS

Member	Member	•	
SURNAME:	SURNAME:	:	
FORENAME:	FORENAM	E:	
ADDRESS IN FULL		СО	NTACT DETAILS
		Mobile Phone	
		Land Line	
		e-mail	
Postcode			
be held in accordance with the obligations under Irish Compositions  ASSOCIATE MEMBERS UNDERTAGE and Code of Conduct of the Irish	any Law. PLEASE TIC	K TO CONSENT  at I have read and a	
SIGNED:	Lead Member SIG	GNED:	2 <sup>nd</sup> Member
Date :	Da	te:	
NAME OF PROPOSER (Block c	apitals):		
SIGNATURE OF PROPOSER:			
MEMBERSHIP NUMBER OF PE	ROPOSER:		<u> </u>
Please note proposer must be	e fully paid up Full Membe	er of greater than 2	years and must be known to you

PLEASE RETURN TO: Valerie Byrne, 60 Brian Avenue, Marino, Dublin 3 Eircode D03W8K5

Tel.: 086-3824055

personally. N.B.: Only fully completed applications will be processed. Subject to Committee Approval