COUNTRY SPORTS IRELAND

MEMBERSHIP FORM



Personal Details	Type of Membership	Type of Membership (plese circle)		
Title Name	Category	£	€	
Date of Birth	Individual	30	40	
Address	Under 17	15	20	
	— Trade	50	65	
Postcode:	Supporter	10	15	
Tel: Mob:	* 7 or more people with corresp	22 ondence to on	30 ne address	
Email:	*Names and full postal address formust be provided.	or every group	member	
If Group:				
Name of Group:	<u></u>			
Group Leader:				
Payment Details				
Total amount payable £	_			
*Payment by post using cash/cheque only				
*Payment by credit/debit card online only at www.	.countrysportsireland.org			
Application and Payment Authorisation Applicants under 17 require the signature of a pare or legal guardian.				
Signature	_			
Date				

NI residents please return completed form to:

Ronan Gorman Country Sports Ireland 56 Lisnagrot Road Kilrea Co. Derry BT51 5SF

Tel: 07542 111542

ROI residents please return completed form to:

Jon Binley Country Sports Ireland Clossaghroe Foxford Co. Mayo

Tel: 087 4191490