

# COUNTRYSIDE ALLIANCE IRELAND

## APPLICATION FORM – ROI

### Personal Details

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Tel: \_\_\_\_\_

Mob: \_\_\_\_\_

Email: \_\_\_\_\_

### If Group:

Name of Group: \_\_\_\_\_

Group Leader: \_\_\_\_\_

### Type of Membership

Category	€
Single	60
Joint	100
Under 17	25
Concessionary*	45
<i>* Student 17-24, Unwaged, Senior 65+, Country Sports Employee</i>	
Group (per person)	45
<i>* a group is 7 or more people</i>	
Angling - individual	20
Supporter/Coursing Supporter	20
Trade	75

### Data Protection

Countryside Alliance Ireland operates strict data protection policies.

Your details will be kept secure and will not be passed to any third party without your consent.

CAI USE ONLY

Processed by \_\_\_\_\_

**Countryside Alliance Ireland**, Courtlough Shooting Grounds, Balbriggan, County Dublin  
Tel: 01 690 3610 Email: [membership@caireland.org](mailto:membership@caireland.org)

### Payment Details

Total amount payable € \_\_\_\_\_

\* Payment by cash/cheque

\* Pay by direct debit – *and receive additional discount*

\* Payment by credit/debit card



VISA	Mastercard	Delta/Maestro/Laser
Card number:		
3 digit security code – last 3 digits above signature on reverse of card:		
Expiry date:	Issue No:	
Issue date:		
Name as it appears on card:		
Amount payable:		

### Application and Payment Authorisation

Applicants under 17 require the signature of a parent or legal guardian.

Signature \_\_\_\_\_

Date \_\_\_\_\_



# COUNTRYSIDE ALLIANCE IRELAND

## Personal details of Group Members (please use block capitals)

Full Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Telephone \_\_\_\_\_ Mob \_\_\_\_\_  
E-mail \_\_\_\_\_

Full Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Telephone \_\_\_\_\_ Mob \_\_\_\_\_  
E-mail \_\_\_\_\_

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\_\_\_\_\_  
Telephone \_\_\_\_\_ Mob \_\_\_\_\_  
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