

Irish Motor Caravanners' Club

Application for Associate Membership 2024

Please write clearly in block capitals

Member		Member	
Surname:		Surname:	
Forename:		Forename:	
Address in Full		Contact Details	
		Mobile Phone	
		Land line	
		Email	
purposes of my Members accordance with the time Company Law. Please tice Associate Members Unc	ship of the club. I understa frame for meeting the club' ck the box to consent dertaking: I hereby agree t	te Irish Camping Car Club CLG., trading and that the information supplied by s's operational requirements and its oblocked in the state of the state	me will be held in igations under Irish y the Constitution
		Signed:	
Date:		Date:	
Please enclose Cheque/Po	ostal Order/Money Order for	€40.00 made Payable to : Irish Camping C	Car Club CLG
Name of Proposer (E	Block capitals)		
Signature of Propose	er:		
Membership Numbe	er of Proposer		
Place note proposer m	oust he fully paid up Eull M	ambor of greater than 2 years and m	ust ha

Please note proposer must be fully paid up Full Member of greater than 2 years and must be known to you personally.

*Only fully completed applications will be processed

Please return to: Elizabeth Finn. Bishopstown, Rosemount, Moate, Co. Westmeath. N37 HV00

^{*}Subject to Committee Approval