



**Irish Rural Link**  
*Nasc Tuaithe na hÉireann*

**A VOICE FOR RURAL IRELAND**

## **IRL Membership Application Form**

### **Irish Rural Link**

Moate Business Park, Clara Rd.

Moate, Co. Westmeath

Telephone: (090) 64 82744

Email: [info@irishrurallink.ie](mailto:info@irishrurallink.ie)

Website: [www.irishrurallink.ie](http://www.irishrurallink.ie)

### **Payment Details**

**Please indicate your preferred method of payment:**

- I enclose a Cheque / Postal Order / Draft for € \_\_\_\_\_ (made payable to Irish Rural Link)
- Please Invoice me

**Note: Please consult our membership subscription rates for the appropriate fee.**

#### **Data Protection:**

1. Irish Rural Link may use the information which you have provided for the purposes of creating, maintaining and updating a Community and Voluntary Sector database and producing customised directories for distribution. We may also provide you with information relating to existing, improved or new membership services. If you do not wish the information you provide to be used in this way, please tick here:
2. Irish Rural Link may also share this information with carefully selected third parties to enable those associated with the Community and Voluntary Sector to contact you directly. If you do not wish your information to be used in this manner, please tick here:

I, the undersigned, confirm on behalf of the organisation named in the attached application form that the organisation is seeking membership in keeping with the terms of the notes and is willing to abide by the membership obligations as set out, or as amended from time to time.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

*Please return your completed form to:*

**Irish Rural Link, Moate Business Park, Clara Road, Moate, Co. Westmeath**

*Should you have any queries in relation to this form, please contact us at:*

**Tel.: (090) 6482744 or email: [info@irishrurallink.ie](mailto:info@irishrurallink.ie)**

#### **For Office Use Only**

Date Received: \_\_\_\_\_ Category of Membership: \_\_\_\_\_

Payment Received:  Yes  No Amount of Payment: \_\_\_\_\_



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## Contact Details

Organisation Name: \_\_\_\_\_

Name of Contact: \_\_\_\_\_

Postal Address: \_\_\_\_\_

\_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Website: \_\_\_\_\_

## Organisation Details

Date founded: \_\_\_\_\_

**Please tick the box that best describes you / your organisation:**

- Community       Voluntary       Public  
 Non-Profit       Private Company       Academic Institution  
 Individual       Other (please specify) \_\_\_\_\_

**Legal Status:**

Are you a Limited Company?       Yes       No      Are you a registered charity?       Yes       No

Are you an Unincorporated Body?       Yes       No

**Number & Type of Members:**

\_\_\_\_\_

**Aims & Objectives of Organisation:**

\_\_\_\_\_

\_\_\_\_\_

**Main Activities of Organisation:**

\_\_\_\_\_

\_\_\_\_\_

**Number of Staff:**

Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Volunteers \_\_\_\_\_