

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:

- | | | |
|-------------------------------------|---|---|
| <input type="checkbox"/> Community | <input type="checkbox"/> Voluntary | <input type="checkbox"/> Public |
| <input type="checkbox"/> Non-Profit | <input type="checkbox"/> Private Company | <input type="checkbox"/> Academic Institution |
| <input type="checkbox"/> Individual | <input type="checkbox"/> 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 _____



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
Website: 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

For Office Use Only

Date Received: _____ Category of Membership: _____

Payment Received: Yes No Amount of Payment: _____



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