

Countryside Alliance Ireland

Membership application form – R of I

Personal Details

Title _____ Name _____

Date of Birth _____

2nd name if Joint _____

Date of Birth _____

Address _____

Tel: _____

Mob: _____

Email: _____

If Group:

Name of Group: _____

Group Leader: _____

Type of Membership

Category	€
Individual	60
Joint (<i>two people at one address</i>)	100
Family (<i>two adults and their children Under 17 at one address</i>)	125
Under 17	25
Concessionary*	45
<i>* Aged 17-24, Unwaged, Senior 65+, Country Sports Employee</i>	
Supporter/Coursing Supporter	20
Trade	75
Groups	€
<i>*a group is 7 or more people with correspondence to Group Leader only</i>	
<i>with correspondence to Group Leader only</i>	45 per person
<i>correspondence to individual addresses</i>	50 per person

Angling Membership

	€
Angling - individual	20
Angling – Group* <50/>50	14/12
<i>(Additional charge of €5.00 pp for membership cards to be issued to individual addresses)</i>	

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.

Payment Details

Total amount payable € _____

* Payment by cash/cheque

* Pay by direct debit – *and receive additional discount for the first year*

* 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 _____

CAI USE ONLY (Processed by) _____

Countryside Alliance Ireland, Courtlough Shooting Grounds, Balbriggan, County Dublin

Tel: 01 690 3610 Email: membership@caireland.org

Personal details of Group/Family Members *(please use block capitals)*

Dates of birth must be included for members under the age of 17

Title _____ Full Name _____ Date of Birth _____ Address _____ _____ _____ Telephone _____ Mobile _____ Email _____	Title _____ Full Name _____ Date of Birth _____ Address _____ _____ _____ Telephone _____ Mobile _____ Email _____
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