

## MEMBERSHIP ENROLMENT FORM

Please complete the form and return to this office with the appropriate fee and recent photograph. Please ensure that it is a head and shoulders photo and is taken with a plain background. You can email a digital photograph of yourself to membership@redcross.ie

If renewing your membership please include your Membership Number. It is not necessary to send a photo if submitted previously.

Please affix photo  
**or**  
email to:  
membership@redcross.ie

1st January 20 \_\_\_\_\_  
(Please complete using **BLOCK CAPITALS**)

Membership No:

Area: \_\_\_\_\_ Branch: \_\_\_\_\_

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Title: Mr.  Mrs.  Ms.  Other  \_\_\_\_\_ (tick as applicable)

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

### Contact Details

Home Tel. No: \_\_\_\_\_ Work Tel. No: \_\_\_\_\_ Mobile No: \_\_\_\_\_

Fax No: \_\_\_\_\_ Email Address: \_\_\_\_\_

### Personal Information

Date of Birth: \_\_\_\_\_ or Age Range: 5-10  11 - 15  16 - 25  26 - 34

Male  Female  35 - 49  50 - 65  66 +

Please indicate the Irish Red Cross activity which you are involved in:  
*If you are involved in more than one area you can tick more than one activity*

First Aid Training and Services  Youth  Community Services   
Skin Camouflage  Therapeutic Hand Care  Mountain Rescue   
Fundraising  Branch Committee  Defibrillator Training   
Other (please specify)

Have you ever been convicted of a criminal offence or been the subject of a caution; a Bound Over Order; or, are you at present the subject of criminal investigation?

YES  NO  If you answered 'Yes' provide full details on a separate sheet

A 'Yes' answer to the questions in this part does not necessarily mean your application will be refused. It may lead to further inquiries.

I confirm that nothing within my personal or professional background deems me unsuitable for a position which involves working with children or young people.

I declare that the above information is true and I agree to accept and abide by the terms and conditions of membership of the Irish Red Cross.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

# MEMBERSHIP ENROLMENT FORM

I enclose Cash or Cheque/Postal Order made payable to the Irish Red Cross for:

*Senior Membership Fees (tick as applicable)		*Youth Membership Fees (11-16 yrs)	
1 year:	€10.00 <input type="checkbox"/>	1 year:	€5.00 <input type="checkbox"/>
3 years:	€30.00 <input type="checkbox"/>	*Junior Membership Fees (5-10 yrs)	
5 years:	€50.00 <input type="checkbox"/>		
Life:	€100.00 <input type="checkbox"/>	1 year:	€3.00 <input type="checkbox"/>

### IMPORTANT

\* The Annual Membership fee shall expire on 31st December each year

**Or please debit my Mastercard/Visa/Amex with the amount specified:**

**Card Holder's Name:** \_\_\_\_\_

**Card No:**

**Expiry Date:**

**Privacy Policy:** We hold information about our members. It is not our policy to pass names, addresses or contact details of our members to third parties for their use. As a member of the Irish Red Cross we may write to you occasionally to keep you updated on current projects and appeals. If you do not wish us to send this information to you, please tick the box below.

**I do not want to receive any information on current projects or appeals from the Irish Red Cross**

**I do not want to receive the Irish Red Cross Review**

### Office Use Only:

**MN:** \_\_\_\_\_

**PM:** CHQ  CH  PO  CC  €: \_\_\_\_\_

**Photo enclosed:** Yes  No

**Membership Card Issued on:** \_\_\_\_\_

**PLEASE RETURN TO:**

**Irish Red Cross, FREEPOST, 16 Merrion Square, Dublin 2**