**Membership Application Form**

Annual Membership Fee: €25

#### We wish to apply for membership of Care Alliance Ireland and enclose the €25 membership fee.

Name: ………………………………………………………………………………………………………………………………………

Organisation: ……………………………………………………………………………………………………………………………

Address: ……………………………………………………………………………………………………………………………………

Tel: ………………………………………………………. Email: ……………………………………………………………

Primary Contact Person: ……………………………………………………………………

I have read and agree to subscribe to the Vision and Mission of Care Alliance Ireland

(See <http://www.carealliance.ie/whoweare_visionandmission>)

Signature: ……………………………………………………… Date: ………………………………………………………

Governance is an important aspect in both Care Alliance Ireland’s and the Directors consideration of application for membership. Care Alliance may request supporting documentation for governance purposes on receipt of your membership application.

Please return to: Care Alliance Ireland, Coleraine House, Coleraine Street, Dublin 7 (or by email to [info@carealliance.ie](mailto:info@carealliance.ie))