

Membership Application Form

Name:

Organisation:

Address:

Tel: Email:

Primary Contact Person: Role:

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

(See <http://www.carealliance.ie/vision-and-mission>)

Signature: Date:

Governance is an important aspect in the consideration of applications for membership, both for Care Alliance Ireland and its Directors. Care Alliance may request supporting documentation for governance purposes on receipt of your membership application. Following the board consideration of the application, and assuming it is approved, we will issue an invoice to the email supplied above for the membership fee of €25 per annum. Our preference is for payment by online bank transfer.

Please return to: Care Alliance Ireland, Coleraine House, Coleraine Street, Dublin 7

Or by email: info@carealliance.ie