

MEMBERSHIP APPLICATION

Courtclough Shooting Grounds

Personal Details

Title _____ Name _____

Date of Birth _____

2nd name if Joint _____

Date of Birth _____

Address _____

Postcode _____

Tel: _____

Mob: _____

Email: _____

If Group:

Name of Group: _____

Group Leader: _____

Type of Membership

| Category | € |
|---|-------------|
| Individual | 66 |
| Joint (<i>two people at one address</i>) | 112 |
| Family (<i>two adults and their children Under 17 (at one address)</i>) | 143 |
| Under 17 | 31 |
| Concessionary* | 51 |
| * Aged 17-24, Unwaged, Senior 65+, Country Sports Employee | |
| Supporter/Coursing Supporter | 20.50/25.50 |

Courtclough Member 50

Groups

| Groups | € |
|---|-----|
| *a group is 7 or more people with correspondence to Group Leader only | |
| Gun Club Group (per person) | 51 |
| Equine/Hunt Groups | 56 |
| (Additional charge of €5.00 pp for membership cards to be issued to individual addresses) | |
| Affiliate membership (clubs and associations) | 143 |

Angling Membership

| Angling Membership | € |
|--|-------------|
| Angling - individual | 25.50 |
| Angling - Group* <50/>50 | 16.50/14.50 |
| Additional charge of €5.00 pp for membership cards to be issued to individual addresses) | |

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 – *if you wish to set up a direct debit, please phone us to request a form.*

* 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) _____

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