

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: Role:

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 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.

Please return to: Care Alliance Ireland, Coleraine House, Coleraine Street, Dublin D07 E8X7

Or by email: info@carealliance.ie

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CHY No 14644