



IRISH MOTOR CARAVANNERS' CLUB

Application for Associate Membership 2025

Please write clearly in block capitals

Member

SURNAME: _____

FORENAME: _____

Address in Full:

Member

SURNAME: _____

FORENAME: _____

Contact Details:

Mobile Phone: _____

Land Line: _____

Email: _____

Post Code: _____

I consent that I am giving the above information to the Irish Camping Car Club Clg., t/a IMCC for the purposes of my Membership of the Club. I understand that the information supplied by me will be held in accordance with the timeframe for meeting the club's operational requirements and its obligations under Irish Company Law.

Associate Members Undertaking: I hereby agree that I/we have read and agree to abide by the Constitution and Code of Conduct of the Irish Motor Caravanners' Club. **Please sign below to confirm and consent.**

I enclose Cheque/Postal Order/Money Order for €40 made payable to: **Irish Camping Car Club CLG.**

SIGNED: _____ Member

SIGNED: _____ Member

Date: _____

Date: _____

Name of Proposer (BLOCK CAPITALS): _____

Signature of Proposer: _____

Membership Number of Proposer: _____

Please note the proposer must be a fully paid up full member of greater than 2 years and must be known personally to you. The application is subject to Committee Approval.

PLEASE RETURN TO: Elizabeth Finn, Bishopstown, Rosemount, Moat, Co. Westmeath. N37 HV00

PLEASE ENSURE YOU HAVE COMPLETED ALL SECTIONS AS ONLY FULLY COMPLETED FORMS WILL BE PROCESSED