



# Countryside Alliance Ireland

## Membership application form - NI

### Personal Details

Title \_\_\_\_\_ Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

2<sup>nd</sup> name if Joint \_\_\_\_\_

Date of Birth \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Postcode \_\_\_\_\_

Tel: \_\_\_\_\_

Mob: \_\_\_\_\_

Email: \_\_\_\_\_

### If Group:

Name of Group: \_\_\_\_\_

Group Leader: \_\_\_\_\_

### 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



### Type of Membership

Category	£
Individual	52
Joint (two people at one address)	85
Family (two adults and their children U 17 at one address)	100
Under 25	25
Concessionary*	40

\* Age 17-24, Unwaged, Senior 65+,  
Country Sports Employee

Additional Equine+ (per person) 7

\* Includes showing, dressage, team chasing, hunter trials, horse drawn carriage driving and other forms of horse riding.

### Groups

\*a group is 7 or more people with correspondence to Group Leader only.

Gun Club Group (per person) 30

Equine/Hunt Groups (per person) 50

Additional Equine+ cover (per person) 7

(Additional charge of £2.50 pp for membership cards to be issued to individual addresses)

Angling – Group\* (per Person) 17.50

(Additional charge of £2.50 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.

Signature \_\_\_\_\_

Date \_\_\_\_\_

CAI USE ONLY (Processed by) \_\_\_\_\_

**Countryside Alliance, Membership Team, Tintagel House, 92 Albert Embankment, London, SE1 7TY**  
**Tel: 020 7840 9300 or 07712 525493 Email: info@caireland.org**

## Personal details of Group/Family Members *(please use block capitals)*

*\*Dates of birth must be included for members under the age of 17\**

Title _____ Name _____ Date of Birth _____ Address _____ _____ _____ Postcode _____ Telephone _____ Mobile _____ Email _____	Title _____ Name _____ Date of Birth _____ Address _____ _____ _____ Postcode _____ Telephone _____ Mobile _____ Email _____
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Ref: Membership/Forms/Membership form – NI – 2021