**Endurance Ireland **

**Secretary: Anne Kinsella, Roundhills, Athy, Co. Kildare R14 DV21**

**Email: endurancesecretary@gmail.com**

[**www.enduranceireland.ie**](http://www.enduranceireland.ie)

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**MEMBERSHIP APPLICATION**

*Membership is for 12 Months from 1st January to 31st December*

**Membership Required: FULL FAMILY JUNIOR SUPPORTER**

|  |  |
| --- | --- |
| **Name:** |   |
| **Address:** |   |
|  |   |
|  |   |
|  |   |
| **Contact Telephone No:** |   |
| **Email:** |   |
| **D.O.B. (Junior M'ships Only)** |   |

*I agree to abide by the Endurance Ireland Policies, Rules and Codes of Conduct. I understand that this are available online on the website or on request from the Secretary of Endurance Ireland. I agree to my/my child’s images being used for the purposes of promotion of Endurance Ireland in both print and social media.*

**SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*(Membership Application must be signed by Parent/Guardian for Junior Members)*

***Please indicate which rides you are available to help/ organise at:***

 **Total Payment € ..................................... Payment Method .................................**

**PLEASE RETURN COMPLETED APPLICATION WITH YOUR PAYMENT TO THE ADDRESS ABOVE.**