



**ENDURANCE IRELAND MEMBERSHIP APPLICATION**

*Membership is for 12 Months from 1<sup>st</sup> January to 31<sup>st</sup> December*

**Membership Required:      FULL    FAMILY    JUNIOR    SUPPORTER**

<b>Name/ Names:</b>	
<b>Address:</b>	
<b>Contact Telephone No:</b>	
<b>Email:</b>	
<b>D.O.B. (Junior M'ships Only)</b>	

*I agree to abide by the Endurance Ireland Policies, Rules and Codes of Conduct. I understand that these 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 EnduranceIreland in both print and social media.*

*I consent to being contacted by the following methods for the purposes of promoting the club, organising, and promoting events and I understand that by joining I consent to contact regarding membership issues which will be communicated via email only. [Please place an x beside the methods you wish to be contacted by]:*

Email     Phone/Text     WhatsApp     Facebook Messenger

**Emergency Contact**

*I agree to inform my emergency contact that I have given their details to EI for use in case of an emergency at an event.*

Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_ Contact No. \_\_\_\_\_

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

*(Membership Application must be signed by Parent/Guardian for Junior Members, all adult members to sign form)*

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

**Total Payment € .....**

**Payment Method <https://www.itsplainsailing.com/org/ei> or by contacting the Endurance Ireland Treasurer if an alternative method is required.**

**PLEASE RETURN COMPLETED APPLICATION TO [endurancesecretary@gmail.com](mailto:endurancesecretary@gmail.com)**

***Please note your membership will not be processed unless this form is returned and you will not be considered a member of Endurance Ireland***