

Membership Registration Form

Contact Details:

Name of Organisation/Group _____

Main Contact Person _____

Contact Address _____

Telephone: _____

Fax: _____

Mobile Phone: _____

E-mail: _____

Website: _____ Twitter/Facebook: _____

Type of Membership: *(Please check our Constitution & ToR for details on membership types)*

- Full Member (Community/Voluntary Group & Representatives in Dublin City)
- Affiliated Member (Individuals & Organisations with expertise to DCIF)
- Honorary Member (Institutions & Businesses/Agencies supporting Integration in Dublin City)

Brief Profile of Individual/ Organisation:

What is the Organisation's aim?

No. of Members in Org.: _____ No. of staff in Org.: _____ Others:

Please kindly return completed form to: DCIF, NCP 10 Cornmarket, D8

Please indicate: Paid Volunteers C.E./Job Bridge/TUS

Is your group affiliated to any other organisation? Yes No

If yes, please specify: _____

I confirm that the information supplied on this membership registration form is correct. Also that I/we would abide by the Const. /TOR, and make effort to effective support DCIF aims and programmes!

Signed _____ Date: _____

Position: _____ (for Orgs)

(On behalf of the organisation / Group)

Please kindly return completed form to: DCIF, NCP 10 Cornmarket, D8