



Please tick appropriate category

***Membership category:**

- | | |
|---|-----|
| Individual Membership (includes families) | () |
| Affiliate Membership | () |
| Associate Membership | () |

****Please note that membership categories are attached***

Contact Name: _____

Organisation (if applicable) _____

Address: _____

Postcode: _____

Telephone: _____

Mobile: _____

Email Address: _____

Tell us about the family member who will benefit most from our services eg medical condition, age and how many other people are in your family.

Or if you work for an organisation who supports our vision – tell us about your company.

I would like to apply for membership of Mae Murray Foundation:
() as an individual over 18yrs old who will benefit from membership
() as an individual with a family member who will benefit
() on behalf of the above named organisation.

SIGNED: _____

PRINT NAME: _____

DATE: _____

Please return completed form to Mae Murray Foundation:

Email: info@maemurrayfoundation.org

Post: Mae Murray Foundation, A9B Innovation Suite, Ash Building, Willowbank Business Park, Millbrook, Larne, Co. Antrim, BT40 2SF

For office use only

Date Application Received: _____

Membership granted and countersigned:

Director 1

PRINT NAME _____

SIGNED _____

DATE _____

Director 2

PRINT NAME _____

SIGNED _____

DATE _____

Membership Notification Pack issued () Date _____