



Please tick appropriate category

***Membership category:**

Affiliate Membership ()

Associate Membership ()

Contact Name: _____

Organisation (if applicable) _____

Profession/Job Title _____

Telephone: _____

Email Address: _____

If you work for an organisation that supports our vision – please tell us a bit more about the organisation:

How information about you will be used:

We will not share your information with any third party. We would like to correspond with you about membership benefits, events, project design and how we can improve the service we provide to you and/or your family. We may also send information from other organisations that may be of benefit to you and your family. We will correspond with you in a variety of ways such as by: post, telephone, email and SMS. If you agree to being contacted this way, please sign below:

SIGNED: _____

PRINT NAME: _____

DATE: _____

To view our Privacy Policy, please go to our website: www.maemurrayfoundation.org
If you have any further information, please contact us using the details below.

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 _____

