

MEMBERSHIP APPLICATION FORM



NAME: _____

ADDRESS: _____

EMAIL: _____

CONTACT PHONE NUMBER: _____

I wish to become a member of The Lifesaving Foundation for the 12 months commencing the 1st of July 20 _____

I enclose the annual membership fee of €100.00

I confirm that I have not been convicted of a criminal offence and agree to be bound by the final decision of The Lifesaving Foundation.

The Foundation reserves to itself the right to withhold membership from any applicant.

SIGNED: _____

DATE: _____

PAYMENTS

Cheque to The Lifesaving Foundation, 11 Iveragh Close, Lismore Lawn, Waterford City, Ireland.

Bank Transfer to Bank of Ireland, Lisduggan, Waterford City.

Sort Code 90-62-16 Account 18573923

IBAN: IE42 BOFI 9062 1618 5739 23

SWIFT/BIC: BOFI IE2D

We can now accept credit card payments by phone only. Please email John at john@lifesavingfoundation.ie to agree a time to call. Contact number is 0035351376773.