



MEMBERSHIP APPLICATION

Membership is for the calendar year, €20 individual,
€25 family (€90 or €110 for a 5 year membership)

Name: _____

Address: _____

Email: _____

Phone: _____

Mobile: _____

I hereby consent to HSHS collecting and using my data for communication and organisational purposes

Signed: _____

Date: _____

Please make cheques payable to HSHS, and send to:
Liz Wallace, Treasurer, HSHS
South Harbour, Thormanby Road,
Baily, Dublin 13



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