



MEMBERSHIP APPLICATION

Membership is for the calendar year, January – December
€20 individual membership, €25 family membership
(€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:
HSHS C/O Liz Wallace, Treasurer, South Harbour,
Thormanby Road, Baily, Dublin 13



MEMBERSHIP APPLICATION

Membership is for the calendar year, January - December
€20 individual membership, €25 family membership
(€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:
C/O Liz Wallace, Treasurer, South Harbour, Thormanby
Road, Baily, Dublin 13