



MEMBERSHIP APPLICATION FORM

Name:	
Address:	
Email:	
Phone:	
Mobile:	

I hereby give my consent to HSHS collecting and using my personal information for communication and organisational purposes.

Signed:	
Date:	

Annual HSHS Membership Fee €20

Please confirm your subscription payment method and date of payment below

Cash Payment	€ _____	Date: _____	<input type="checkbox"/>
Cheque Payment	€ _____	Date: _____	<input type="checkbox"/>
Website www.hshs.ie	€ _____	Date: _____	<input type="checkbox"/>
Bank Transfer	€ _____	Date: _____	<input type="checkbox"/>

Please enter your full name when making payment by online bank transfer

HSHS Bank Details: IBAN: IE13 BOFI 9006 9014 2920 40 BIC: BOFIE2D

Cheques should be made payable to Howth & Sutton Horticultural Society

Kindly return completed applications FAO: The Treasurer to info@hshs.ie