



IRISH KIDNEY ASSOCIATION CLG

(Company Limited By Guarantee)

MEMBERSHIP APPLICATION FORM



BLOCK CAPITAL LETTERS PLEASE:

Mr. Mrs. Ms. FIRST NAME: _____

SURNAME: _____

ADDRESS: _____

POSTCODE: TEL: _____ MOBILE: _____

EMAIL:

We record this information in line with the Constitution of the IKA. You must be 18 years of age to become a member of the Association.

Please indicate if any of the following apply to you:

PRE DIALYSIS, HAEMODIALYSIS, APD, CAPD or TRANSPLANTED YES NO
 Do not wish to disclose

Do you wish to receive our quarterly 'SUPPORT' magazine by Post? YES NO
Please tick 'No' if your household is already receiving it

Or Email? YES NO

Can we correspond with you for notices of Annual General Meeting of the Association and Annual Director's Report by Email? YES NO

Would you like to receive information on activities from your local IKA branch which entails us giving them the data from this form? YES NO

Would you like to receive information on the IKA Transplant & Dialysis Sports and Fitness which is based in Head Office? YES NO

By signing this form you agree to become a member of the Association and you subscribe to the Constitution of the Association (copy available on request or on the IKA website – www.ika.ie)

I subscribe to (sign up and accept) the Constitution of the Irish Kidney Association CLG (Company Limited by Guarantee).

SIGNATURE: _____ DATE: _____

Please return the completed signed form to the
Irish Kidney Association CLG, (Freepost), Donor House, Block 43A, Park West, D12, P5V6.
There is no subscription charge.