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JOIN US! FINE GAEL

Membership **Application** Form

Members are the backbone of the policies of Fine Gael



























Office use only: **CONSTITUENCY: BRANCH:**

Membership Application Form

| First name | (s): | Surname: | |
|---------------------------------|---|---|---|
| Gender: | Male Female | Other: Please specify | Rather not say |
| Address: | | | |
| Eircode: | Nationality: | | |
| Email: | | | |
| Mobile Pho | ne: | Home Phone: | |
| Date of Birl | th: | Age range: 15-30 30-50 | 50+ |
| Constituen | су: | Preferred Branch (if known): | N/A |
| Any relevant | information (professional body, v | voluntary organisation, area of special interest, | languages spoken etc): |
| Membersh | | | 66: €15 Full-time Student: €15 |
| Would you | like to contribute financially t | o Fine Gael? Yes | No |
| €20 | €40 €50 | €100 Other | |
| be accepted from it | ndividuals or from bodies which have registered w | poses. Donations in excess of e200 are not accepted through this Mem tith the Standards in Public Office Commission (SIPO). oral Acts. Donations can only be accepted from Irish citizens, permanent tion issues, please contact the National Fundraising Office on 01 619 844 | |
| Method of | Payment(s): Cash Che | que Postal Order Mastercard | Visa Visa Debit |
| Name on | Card: | | |
| Card No: | | Expiry Date: | (last 3 digits on the signature panel at the back of the carr |
| Declarati I wish to join | on: | ur membership each year with the details prov its values of Equality, Enterprise & Reward, So v. | |
| Signed: | | | |
| Please keep r | ne informed about future promotior | nal events (fundraisers, draws etc.) being organise | d by the Party Yes No |
| | | ails provided in order to administer their memb rivacy policy can be viewed here: https://www.f | |
| PLEASE S | | 51 Upper Mount St. Dublin 2, DO2 WO24, Emails | was a wala in Ofina a was I a a wa |

