



Rothe House & Garden
Parliament Street
Kilkenny
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MEMBERSHIP APPLICATION FORM:
(BLOCK CAPITALS)

Name:

Address:.....

.....

.....

Contact Number:.....

Email:.....

Date of Joining: 201.....

Please indicate:

Individual: €30.00

Family: €40.00

**Office Use
Only**

OKR List

Mailing List

Data Base

Receipt Info:

Method of Payment:

Personal Cheques **are welcome**. Please pay K.A.S. **Our bank accepts payment equivalent to € in your own currency.**

Please do not send Bank/Money Orders:

Credit Card Payment: **Please indicate the type of credit card, give your credit card number and expiry date of card, card holder name and initials as they appear on the card.**

Credit Card: Type..... Card Number.....

Expiry date:..... CVV

Card Holder's Signature:.....

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