



## Membership Application Form

PLEASE FILL OUT APPLICATION IN BLOCK LETTERS

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Email address: \_\_\_\_\_

Contact number: \_\_\_\_\_

Please specify membership:

Individual Membership €40.00

Family Membership €50.00

### Method of payment

Cash, Cheque, Credit Card and EFT are welcome.

**Please Make Cheques payable to KILKENNY ARCHAEOLOGICAL SOCIETY**

Our bank accepts payment equivalent to € in your own currency

#### OFFICE USE ONLY

Payment amount (Cheque, Cash, c/c, EFT.) €

OKR List

Payment received

Data Base

Receipt number

Email mailing list

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