

SAMRA MEMBERSHIP FORM – R3

Date:					
Name					
Address:					
Tel:					
E-Mail:					
Any services/skills you can offer the committee?					
<p>By signing this form, I accepted SAMRA will store my information securely in accordance with GDPR regulations, safely and securely. I consent to receive SAMRA updates and authorise SAMRA to store my contact details and reach out periodically. Tick whichever membership you request below and then sign & date the form. Thanking you for your support.</p> <p>Note : On-line membership & payment is available via our website www.samra.ie</p>					
Family Membership € 20		Reduced Fee Membership (i.e.) OAP, Disability, Student etc. € 10		Single €15	
Signature				Date	

Please post this form with your payment to:

The Secretary, 155 Strand Rd, Sandymount, Dublin 4