



Associate Membership
Registration Form

Name (print)	
Address	
Phone	
e mail	
<p><i>Declaration</i></p> <p>I, the above noted, hereby declare and confirm that I subscribe fully to, and will observe, support, promote, implement and abide by the Constitution, Rules and Child Protection Policy of the Irish Pipe Band Association and the aspirations and objectives set out therein.</p>	
Signature	

Registrar's Signature	
Date	

Fully completed form with Annual Subscription, duly signed must be returned to

<p>Registrar</p>	<p>Ann Sheehan 14 Glenard, Mona-Vally Tralee, Co Kerry 087 / 3938771 fitzbruch@gmail.com</p>
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Registration No.