



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 & Vulnerable Adult 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

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