



# Association for Social Therapeutic Horticulture Facilitators of Ireland

## APPLICATION FOR ASSOCIATE MEMBERSHIP

- Please do not include information which is not required with your application
- This form can be handwritten or typed. Place a ✓ in the appropriate box when asked 'Yes' or 'No'
- Original applications cannot be returned, so please keep a copy for your own reference
- The committee reserve the right to seek clarification when the submitted information is unclear, and until we receive this clarify will not sign off.
- This signed application can be sent to: **ASTHFI, Mullagh, Kilsallagh Westport Mayo F28VA06.**

### Part 1: Personal Details

Your Full Legal Name: \_\_\_\_\_

Any Previous Name: \_\_\_\_\_

	Your Home Address:	Your Work Address (if different)
Address		
City/Town		
County		
<b>Eircode/Postcode</b>		
Country		

Email Address:	
Website Address	
Phone Number	
Mobile Number	



## Part 2:

# Applicants Undertakings and Declaration

Please tick relevant boxes below

	I undertake and declare:	Yes	No
2. A	I agree to the yearly renewal of my Associate Membership, until I actively cancel my membership with a minimum of 30 days before the renewal date.		
2. B	I certify that the foregoing information is correct, and I understand that any false or misleading statement made on this form or in any part of the application process, or failure to disclose information relevant to this application, may result in my affiliation with ASTHFI being rejected for the Registered Membership.		

The **annual membership fee** for an **associate member** is € 25 per year, from the date of registration.

Payment can be made to **ASTHFI** at AIB Bank.

**IBAN: IE 71AIBK 9371 6944 7190 11**

**BIC:AIBKIE2D**

*Please put your full name down as the payment reference.*

*In submitting this application, I understand that, the Membership Committee is made up of volunteers and will endeavour to process my application as speedily as possible. It is the responsibility of the applicant to supply only relevant information and to complete the application form in full. Failure to do this may cause unnecessary delays in processing the application.*

Full Name:

Signed:

Place:  Date:

*(Note: a Digital Signature is not acceptable)*