



Active Retirement Network Ireland

Scor Gníomhach Éireann

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PATRON: Michael D. Higgins, PRESIDENT OF IRELAND
ÉARLAMH: Micheál D. Ó hUiginn, UACHTARÁN NA HÉIREANN

RENEWAL OF AFFILIATION FORM 2019

1. Name: _____ Active Retirement Association
2. Area Served: _____
3. Total number of Members: _____ Men _____ Women _____
4. Venue of meetings: _____
5. Frequency of meetings: _____

Chairperson: _____

Address: _____
_____ Telephone: _____ Email: _____

Secretary: _____

Address: _____
_____ Telephone: _____ Email: _____

Treasurer: _____

Address: _____
_____ Telephone: _____ Email: _____

Any Active Retirement Association which affiliates to the national organisation may apply for membership of the company by nominating someone from their group to hold such membership in their own name on behalf of the local group. This entitles them to represent the group and vote at the general meetings of Active Retirement Ireland.

Appointed Company Member: _____

Address: _____
_____ Telephone: _____ Email: _____

Signed on Behalf of Association: _____ **Date:** _____

Under GDPR guidelines, we will only use this information for the purposes of communicating with you on membership matters. We will not share your information with any third party unless it is for potential new members to your ARA.

We would like to thank you for renewing your affiliation and for sharing in the active retirement experience.