

			Change of Officer Form 202	3	
ARA Name:				ARA Code:	
Area Served:				Total No of Members:	
Meeting Venue:				Frequency of Meetings:	
Officer	First Name	Surname	Postal address including Eircode	Mobile	Email
Chairperson					
Secretary					
Treasurer					
Appointed Company					
Member					
I confirm that all of th	e details above are	e correct.			
Name + Position:				Date:	
	<u> </u>	Returning pape	rwork can be posted or emailed to men	nbership@activeirl.ie	
Under GDPR Guidelines, v	ve will only use this in		poses of communicating with you on members		information with any third party unless,

in the case of your ARA secretary, where it is for potential new members to your ARA.