

**New A.R.A
Affiliation Form 2024**



A.R.A Name:	
Area Served:	County:
Total No. of Members:	Frequency of Meetings:
Meeting Venue:	
Intended Activities:	

Chairperson	
Name:	Gender:
Address Line 1:	
Address Line 2:	
County:	Eircode:
Email:	Phone:

Secretary	
Name:	Gender:
Address Line 1:	
Address Line 2:	
County:	Eircode:
Email:	Phone:

Treasurer	
Name:	Gender:
Address Line 1:	
Address Line 2:	
County:	Eircode:
Email:	Phone:

Appointed Company Member	
Name:	Gender:
Address Line 1:	
Address Line 2:	
County:	Eircode:
Email:	Phone:

<i>I confirm that all details are correct</i>	
Signed:	Position:
Date:	Fee Amount Included: