

Application for  
Affiliation to ACRA

Association Name

Honorary Secretary

Home Address

Telephone Number

Work/Office Number

CERTIFICATE OF ACRA MEMBERSHIP

We, the undersigned, acting on behalf of the above mentioned association, hereby apply for an affiliation to ACRA (The National Body for Residents' Associations).

We hereby certify that the number of the household membership in our

Association is                      Date     /     /

Annual General Meeting is held in the month of

Signed

Chairperson, Tel No

Signed

Secretary, Tel No

Signed

Treasurer, Tel No

An Annual Fee of EUR 70.00 is payable. Cheques, Bank Draft or Postal Order only, crossed and made payable to ACRA. This form should be fully completed and returned to the address below. First time affiliates must enclose a copy of their constitution.

Send to: Communication Officer, Thomas Newton, 7 MVG Hillcrest, Lucan, Co. Dublin.

Tel No: 086 312 7364

Official use only: Date received

accepted

logged