



APPLICATION FOR AFFILIATION TO ACRA

Please fill in the below information to begin the application

Association Name:

Honorary Secretary:

Home Address:

Telephone:

Work/Office Number:

Certificate of Acra Membership

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

We hereby certify that the number of the household membership in our Association is _____ Date: / /

Signed:

Chairperson

Date:

Signed:

Secretary

Date:

Signed:

Treasurer

Date:

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

Date received:

Accepted:

Logged: