

THE CHAMBER OF ARTS HERITAGE AND CULTURE (IRELAND) LIMITED

21 Castle Street, Dalkey, County Dublin

Application to join the Chamber of Arts Heritage and Culture

APPLICATION DETAILS

First Name: _____ Last Name: _____

Professional Association: _____
(If applicable)

CORRESPONDENCE DETAILS

Name (if applicable): _____

Company or business (if applicable):

Full Address: _____

Telephone: _____

Email: _____ Website Address: _____

TYPE OF MEMBER (Please tick) – details of annual subscriptions are below

If you wish to become our Corporate Patron or a Corporate Pioneer please contact us

Corporate Member - €3000

Artistic Patron - €2000

SME Member - €300

Artistic Member - €120

Please include your remittance in cash or a cheque made out to the Chamber of Arts, Heritage and Culture or contact audrey.mckenna@gmail.com for electronic transfer details.

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By joining the organisation, I agree to the personal information provided by me in connection with my membership of The Chamber of Arts Heritage and Culture being processed by the Chamber of Arts Heritage and Culture in accordance with the Data Protection Acts, 1988 and 2003 as same may be amended, restated or replaced from time to time. I agree that my personal information may be included in a list of members which may be published by the Chamber of Arts Heritage and Culture or the Dun Laoghaire Rathdown Chamber of Commerce on a website, in electronic, CD Rom or paper format. My personal information will also be used for operating the Chamber of Arts Heritage and Culture stored on a database for administration purposes in connection with the publication and maintenance of this list of members and in order to keep me updated as to developments which the Chamber of Arts Heritage and Culture considers may be of interest to me. I acknowledge that my personal information can be provided to me on request to the Chamber of Arts Heritage and Culture.

I acknowledge that my application is subject to approval by the management of the Chamber of Arts Heritage and Culture who may refuse admission to membership for any reason and without giving reasons. I further acknowledge that in the event that I am accepted for membership and any of the information provided in this form is discovered to be incorrect, that my membership may be terminated by the Chamber of Arts Heritage and Culture at its discretion.

Dated: _____ Signature of Applicant: _____

Please return application form to the address at the top of this page together with payment for my annual membership subscription. Payment options are set out above
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