NEUROLOGICAL ALLIANCE of IRELAND

Working Together To Promote Better Neurological Care

Membership Application Form

Organisation Details

Organisation Name:

Charity Registration Number:

Address:

Website:

Primary Contact Name:

Position:

Email:

Telephone:

Membership Category

Please indicate the category for which you are applying:

☐ Ordinary Membership
☐ Associate Membership

Membership Fee Band

Please indicate your staffing level:

☐ Band A - One staff member or volunteer-run organisation (€138)
☐ Band B - 2-10 staff members (€276)
☐ Band C - 11-30 staff members (€607)
☐ Band D - 31-100 staff members (€910)
☐ Band E - More than 100 staff members (€910)

About Your Organisation

Brief description of your organisation's mission and activities:

How does your organisation support people living with neurological conditions?

Declaration

On behalf of the organisation named above, I confirm that the information provided is accurate and that our organisation supports the aims and objectives of the Neurological Alliance of Ireland.

Name:

Position:

Signature:

Date: