## **Irish Charter Skippers Association**

## **Membership Application Form**

Co. Sligo

Name of Applicant:	
Address:	
Phone Number:	
Mobile Number:	
Email:	
Skipper or Boat licence Number:	
Fishery Board Region:	
Notifications will be sent by Email to your Please tick if you require notifications to (please remember that post will put extra cost)	oy letter:
Annual membership fee: 20 Euro	
I apply for membership of the Irish Chabound by its rules and constitution.	rter Skippers Association and agree to be
Signed:	
Date:	
Please post the completed form to: Donal Kennedy Cliff Rd Carrowhubbuck South Enniscrone	Bank Details for lodgements or paying online: IBAN: IE23AIBK93638337194067 BIC: AIBKIE2D Text: your name and boat name