



**APPLICATION TO BECOME OR RENEW AS A VOTING MEMBER OF St MICHAEL'S HOSPICE CHARITY CHARITABLE ASSOCIATION # 3270 FOR THE YEAR 2022**

***(PLEASE COMPLETE in BLOCK CAPITALS)***

Name -----

Address -----

P O Box ---- Phone (Home) ----- Phone (Mobile) -----

Email Address -----

Occupation ----- Retired ----- Date of Birth -----

Relationship to SMHC (e.g. Supporter, Volunteer) -----

**Declaration**

1. I acknowledge this application is made in accordance with the SMHC Constitution which I have read. I confirm in my view that I meet the criteria for membership, and agree (to the extent applicable) to follow the terms of the SMHC Constitution.
2. I note that SMHC will treat all my personal information private and confidential, and that I have the right to inspect, update or correct my personal information upon reasonable notice.
3. I understand that in signing and upon acceptance I will become a legally registered member of the Charity eligible to vote at any AGM or EGM to which I am invited and expected to attend whenever possible subject to personal circumstances.
4. I confirm that I am a fit and suitable person to become a member and have not been found guilty of any crime or moral disgrace.

Applicant's Signature -----

Date -----

Please complete this form and visit any one of our Charity shops. Upon payment of our annual membership fee of €5.00 per applicant, a receipt will be issued. If the application is declined in accordance with the SMHC Constitution, a full refund will be made.