



MEMBERSHIP APPLICATION FORM

Name _____

Address _____

Postcode _____

Home Tel _____ Mobile _____

Email Address _____ Over 18 (Please tick)

Please indicate where you heard about L.I.N.

Membership joining fee: £20

Make cheques payable to London Irish Network and send to:

London Irish Network, 15 Ingestre Place, Box 103, London, W1F 0JH. ATTN: Membership Secretary

Signature _____ Date: ____/____/____

Which sort of events would you particularly be interested in attending? Please click in the box(es) below.

Cultural

Theatre/Cinema

Sports

Holiday Breaks

Walks

Bars/Pubs

Restaurants

Other _____

Please tick this box if you would be interested in hosting events.

Any information you submit is COMPLETELY confidential and we will not disclose your information to any other parties without your permissions.