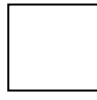
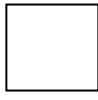
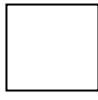


Caherdavin Scouts

Membership form



Personal Details

Name

Date of Birth

Address

Parents/Guardians Details

Name(s)

Phone Number(s)

Email Address

I hereby apply through the 23rd Limerick Scout Group for membership of Scouting Ireland on behalf of my child. I subscribe to and undertake to further the aims and objectives of Scouting Ireland and to abide by its Rules.

Signed (Parent/Guardian) _____ Date: _____

Print Name: _____

Parent(s)/Guardian(s), for my child;-

- We/I consent to the above Application and to undertakings given by the Applicant.
- We/I understand that the personal data on this form will be used by the Scout Group and Scouting Ireland for the purpose of registering (or re-registering), maintaining the Applicant's Membership, and for communications concerning activities of the Scout Group and Scouting Ireland
- We/I understand that the Personal Data will be retained by the Scout Group and Scouting Ireland for as long as the applicant remains a member.
- We/I understand that I/the Applicant can resign their Membership by writing to the Scout Group or Scouting Ireland and all their Personal Data will then be erased, except for a minimum membership record for archival purposes.
- We/I consent to be added to a whatsapp group for parents in the group

Signed _____ (Parent/Guardian) Date: _____

Print Name: _____

Signed _____ (Parent/Guardian) Date: _____

Print Name: _____