## IRISH DRAUGHT HORSE BREEDERS ASSOCIATION APPLICATION FOR 2025 MEMBERSHIP

(Please use block capitals and give exact postal address)

NAME: Family mem	bership:		• • • • • • • • • • • • • • • • • • • •	• • • • • • •
ADDRESS:	•••••			••••
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CONTACT NO: EMAIL:				
Members will be enrolled with the branch nearest to the Please indicate which branch you would like to join:Co Kilkenny, Laois, Leitrim, Sligo, Tipperary, Westmeath / Off	rk / Kerry,	Dublin,	Galway, Kildar	e,
BRANCH:	90	\		
I wish to apply for membership of the above Ascheque/P.O. payable to the <b>Irish Draught Hor</b>				_
€50.00 (Single membership)	New		Renewal	
€80.00 (Family membership)	New		Renewal	
€10.00 (Junior membership aged between 18-23)	New		Renewal	
€500.00 (Life membership)			, OQ	
I hereby agreed to abide by the rules of the Irish Draugh Disclaimer: I understand that pursuant to the General I my consent is required for the IDHBA to process perso possession concerning me including disclosure to relevant this personal data may include sensitive personal data we processing of which requires my explicit consent. As su information relating to me, either contained in this form	Data Prote onal data want partie within the uch, I cons	ection Revhich it is within meaning sent to the	egulation, (the may have in it the IDHBA.  g of the GDPR	s I note that R, the
Do you agree to be contacted by post, phone, email & t	ext YES		NO	
Signature:				
Membership year begins Jan 1st. each year. Only paid u	ıp membe	rs may v	ote at meeting	gs.
APPLICATION FORM & FEE TO BE RETURNED T National Secretary: Sharon Mannion, Doon, Ballina				