

Funding Scheme Application Form 2023

Name:	Address:				
Email Address:			Mobile Phone No:		
Bank Account Name (Please Print): BIC: IBAN:		·			
Does Health Insurance cover any part of this Application Yes					No
Membership Fee Paid: Yes				Yes	No
Details of Therapies, a	and Sport / Recreation	al Activi	ties		€ Cost
			T	otal €	
Details of Fundraising / Committee Duties					
	<u> </u>				
Checklist			application forms to phenson, Branch A		tor
Receipts for Therapies / Tuition		Ashdale,	phonoun, branch At	anninan a	
Membership Paid	Wr	Wheaton Hall, Drogheda,			
Fundraising undertaken / Committee Duties	dertaken / Committee Duties / Volunteering Co Louth. A92 KDK8. Email: secretarydslm@gmail.com				
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Signature of Applicant	Date of A				
Please use additional Sheets if required to give more details of Application					