



# Galway East Life Support

## MEMBERSHIP APPLICATION FORM

**SURNAME** \_\_\_\_\_

**Forename** \_\_\_\_\_

**Address** \_\_\_\_\_

**Mobile Phone Number** \_\_\_\_\_

**Home Phone Number** \_\_\_\_\_

**Email** \_\_\_\_\_

**Occupation** \_\_\_\_\_

**Organisation Represented on GELS** \_\_\_\_\_

**Name of nominating member:** \_\_\_\_\_

**Signed** \_\_\_\_\_ **Nominating Member(GELS)**

**REASON FOR WANTING TO JOIN GELS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I agree that the contact information contained in this document can be used by the GELS committee or their nominees to communicate information on or on behalf of GELS. I also agree that should my application form be successful that I will be bound by the rules and constitution of the Galway East Life Support Group known as GELS.**

**Signed** \_\_\_\_\_ **Applicant**

**Date of Application:** \_\_\_\_\_ / \_\_\_\_\_ 2014

[www.gelifesupport.com](http://www.gelifesupport.com)

“Saving Lives Through Education, Prevention, Awareness and Support”



# Galway East Life Support

## OFFICE ADMINISTRATION PURPOSES ONLY

Date Application received by GELS \_\_\_\_\_ / \_\_\_\_\_ 2014

By whom received \_\_\_\_\_

Date submitted for consideration by GELS committee; \_\_\_\_\_ / \_\_\_\_\_ 2014

Accepted / Not Accepted:

Signed \_\_\_\_\_ Chairman

Signed \_\_\_\_\_ Secretary

Date informed;

By Whom;

Signed \_\_\_\_\_