



The Vision to Enable Sports

Irish Blind Sports
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Ireland

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Membership Application Form 2010

(PLEASE COMPLETE IN BLOCK LETTERS)

Name:										Date of Birth: / /									
Address:																			
Tel: Home:							Work:												
Mobile:																			
Email: (please enter one letter or digit in each box below)																			

Visual Acuity Class (if known, please put an **X** in appropriate box)

B1	B2	B3	B4	Sighted
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Visual acuity: if not known, please describe very briefly:

Do you have any medical concerns that could affect your participation in sports/ activities of which we should be aware? No

Yes (please explain):

How would you like to get involved?

- I want to participate in sport and/or recreation activities
- I want to volunteer

***What sport(s) are you interested in participating in:

Membership Categories:

- Full – over 18 years€10
- Junior – under 18 years€ 5
- LifeOn Request

Payment Method:

- Bank draft
- Cheque
- Postal Order
- Cash

☼ There are occasions on which blind and visually impaired athletes are photographed in action. Some of these photos are reproduced on the Irish Blind Sports website, NCBI News or the national media, for the purposes of promoting blind sports generally.

Please tick the following box **only** if you **refuse** to grant IBS permission to reproduce photos taken of you:

I hereby apply for **membership** or **renewal of membership** of Irish Blind Sports.

I agree to abide by all Policies, Guidelines and Codes of Conduct such as may be determined from time to time by the Directors of Irish Blind Sports Limited, as per the Memorandum and Articles of Association.

Signature:	Date: / / 2010
If you are under 18, please ask your parent or guardian to sign here:	

Date received: / /	Membership renewal date: / /	ID no.
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