



ΣΕΛΕΝΕΣ
GREEK-IRISH SOCIETY

MEMBERSHIP FORM

SECTION A: MEMBERS INFORMATION

First Name: _____ **Surname:** _____

Date of Birth: _____ / _____ / _____ (day, month, year)

Address:

Telephone: _____ **Mobile:** _____

eMail: _____

SECTION B: FAMILY MEMBERS INFORMATION

If you are completing an application on behalf of yourself **and** your family please provide additional family member details below.

Spouse or Partner details:

First Name: _____ Surname: _____

Date of Birth: _____ / _____ / _____ (day, month, year)

Children's details:

First Name: _____ Date of Birth: _____ / _____ / _____

First Name: _____ Date of Birth: _____ / _____ / _____

First Name: _____ Date of Birth: _____ / _____ / _____

Signature: _____ **Date:** _____



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SECTION C: BUSINESS PROMOTION INFORMATION

As a member of the Greek Irish Society we need to help each other. One way of doing this is by promoting professional and reliable business services. This is particularly relevant in the current difficult economic times.

If you own or know of a professional business service you would like to promote to the friends of the Greek Irish Society then please provide us with the details below.

Company: _____

Service Provided: _____

Contact Name: _____

Address: _____

Telephone: _____ Mobile: _____

eMail: _____

Website: _____

Thank you for providing this information. We will contact the Company you recommend and ensure they are happy to avail of the *free* advertising through the Greek-Irish Society business listing to our members (via Internet, Facebook and Newsletter).

We look forward to meeting you at our future events!

On behalf of the G.I.S. Committee

Valerie Assimacopoulou

Membership Secretary