Dún Laoghaire Rathdown Public Participation Network (PPN)



Membership Application Form (please use block capitals)

SECTION 1: Contact Details

Name of Organisation/Group:	
Address of Group	
Website of Group (if any)	
Name and Address of contact person for correspondence:	
Contact Number:	
Email Address: *	

SECTION 2: Group Details

Main Purpose and Work	
When was your group established? (Year)	
How many members do you have?	
Regular Meetings	Yes / No Frequency:
Written Minutes/Records etc.	Yes / No
A written Constitution	Yes / No
A bank account	Yes / No
When was your last AGM held?	
When is your next AGM likely to be?	
Is your group a sub-committee of another group?	Yes / No
If yes, what group?	
Is your group affiliated to any umbrella body?	Yes / No
If yes state which one(s)	

^{*}Please note that correspondence will be primarily by E Mail and therefore every group is requested to provide an e mail address that is active and checked on an ongoing basis

Pleas	se list the	officers of your group:		
		Name	Contact Number	
Chair	person			
Secre	etary			
Treas	surer			
SECT	ΓΙΟΝ 3:			
	Do you c	onsider your main activitie	es to be - Please √	
	Community: (Local Development, Sports, Arts, Residents, Social groups etc.)			
	Social Ir	clusion: (Focused on pe	cople experiencing disadvantage and inequality)	
	Environ	mental: (Focused on prot	ecting the environment and Sustainability)	
		e date of the meeting wher ion agreed to join the PPN		
confi	irm that th	e information on this me	embership registration form is correct:	
Signed:			Date:	
Positio	on :		_	
	e return co	ompleted form to:		

Co. Dublin

Or Scan and Email completed form to secretariat@dlrppn.ie

If you have any queries, please contact us on 01 2054700 or E Mail secretariat@dlrppn.ie