



## VHCCI LIFE MEMBERSHIP REGISTRATION FORM

NAME :

EMAIL :

PHONE ( MOBILE & LANDLINE ) :

ADDRESS :

EIRCODE :

NAME TO BE WRITTEN INSIDE TEMPLE :

Subscription Fees (€ 50/-): Please deduct € 50/- from my donation towards life membership fees.

I have read, understood, and accepted the rules for membership mentioned at [www.hindu.ie/membership](http://www.hindu.ie/membership)

I have read, understood, and accepted the privacy policy for membership mentioned at [www.hindu.ie/privacypolicy](http://www.hindu.ie/privacypolicy)

I consent to Vedic Hindu Cultural Centre Ireland informing me of services that may be of interest to me by:

EMAIL

CALL / TEXT

LETTER

SOCIAL MEDIA (Whatsapp, Facebook etc.)

Signature :

Date :

**\* NOTE : - Please fill the form online before you print and sign.**