



**Irish Association of Cardiac Rehabilitation
IACR
Membership Application Form 2010**

Name: _____

Correspondence
Address: _____

Work
Address: _____

Telephone: _____

Mobile: _____

E-Mail: _____

Profession: _____

Membership Fee:

I hereby apply for Membership of the Irish Association of Cardiac Rehabilitation for the period **ending 31/12/2010**. I enclose payment of €65.00

Signature: _____

Date: _____

Please return in the freepost envelope provided.
Thank You.

www.iacr.info

Please make cheques payable to : Irish Association of Cardiac Rehabilitation.