West Cork Development Partnership

Comhphàirtíocht Forbatha Iàrthar Chorcaí

MEMBERSHIP: *To apply for membership please complete all questions:*

Membership Type:

☐ Individual
☐ Business
☐ Community

First Name: **Surname:**

Email:

Mobile/Telephone:

Address:

Address 1

Address 2

Address 3

Address 4

Confirm and Signature:

☐ **I confirm that I/Business/Community Group meet the criteria to apply for WCDP membership**

   ***Please sign and state official post (chairperson, secretary) etc if relevant**

Please return to Arran O Driscoll CEO, WCDP, Top Floor, Credit Union Building, Kent St, Clonakilty, Co. Cork P85CD93