



Citizens Information Board Group Insurance Facility for Voluntary Social Service Organisations

Application for Affiliation

Name of Organisation:

Address:

Telephone:

Contact Person:

Telephone:

Purpose of Organisation:

Committee / Governing Body		
Name	Address	Status

We the above named organisation wish to affiliate to The Citizens Information Board Group Insurance Facility for Voluntary Social Service Organisations and we understand that admission to the Facility is at the discretion of The Citizens Information Board.

Signed	Date
Chairperson/Secretary/Treasurer	

For The Citizens Information Board use only

Date reviewed	Reviewed by

Decision

Comments/Queries