



Leading Leisure in Ireland

Sports, Fitness, Aquatic Facilities, Outdoor, Spas & Wellness

ASSOCIATE MEMBER

ADMISSION CRITERIA

- Open to Individuals and Organisations involved within the Sport & Leisure Sector (*)
- Leisure Professionals, Sports Development Officers, Local Sports Partnerships Co-ordinators Directors, National Sports Governing Bodies, Sports Clubs, Government Departments/Agencies and other Sports/Leisure Organisations

BENEFITS OF MEMBERSHIP

- **INFORMATION**

On best practice including Industry Codes of Practice, Leisure Health & Safety issues, technical support/resources, Trade suppliers, Leisure information, salary and career structures, Recruitment, members e-zines, magazine, members area on web, group e-mails.

- **DISCOUNTS** (*Applies to named member only*)

ILAM Conference, ILAM Swimming & Spa Pool Operators Course, Certificate of Supervisory Management (CSM), Training Courses and Seminars, Recruitment Services, CPD Seminars, IHRSA Congress & Convention, ILAM and IHRSA Publications

Strategic Partner of



() ILAM reserve the right to decline membership*

2012

ASSOCIATE MEMBER

Leisure/Sports organisations	-	€350	
Colleges/Universities		€350	
Associate Individual		€175	
Individual corporate member (facility must be member)		€ 75	
Student individual	(electronic membership)	€ 50	(via ILAM college member) €25

(Membership 1st January - 31st December annually)

YOUR DETAILS	Membership Number	
Name		
Organisation Name		
Address		
Tel	Fax	
Email	Web	

	Contact 1	Contact 2	Contact 3
Contact Name			
Job Title			
Mobile			
Email			

Organisation Type: College, University, Sports NGB, outdoor pursuits etc. (please state)

How did you hear about ILAM?

PAYMENT DETAILS			
Paying by	Cheque (Please make payable to ILAM)		Local authority only (Purchase Order)
	Direct Bank Payment	Bank AIB, Naas, Co. Kildare, Ireland	Account Name ILAM Ireland
		Account Number 73976-035	Sort Code 93-32-36
		IBAN IE95 AIBK 9332 3673 976035	BIC AIBKIE2D
Credit card number:		Expiry date:	CCV Security No: <small>Last 3 digits on reverse of card</small>
Name (in block capitals):		Signature:	

Payment must accompany this membership form

I agree to abide by the ILAM Membership Code

Signed _____ Date _____

OFFICE USE ONLY

Date received _____
Member No. _____



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