



RPM Ireland Application Form

Name:	
Address:	
Phone No:	
Email:	
Childs Name:	

PLEASE TICK THE RELEVANT BOX

I wish to become a member of RPM Ireland Ltd. I am aware that by becoming a member I am committing to fundraising and volunteer hours to RPM Ireland to avail of discounted fees.

I do not wish to become a member and I understand that I have to pay the normal RPM session (with provider) rate and additional costs for the provision of the RPM workshops.

Signed: _____

Please return this form with a cheque for €20 to:

Rapid Prompting Method (RPM) Ireland

Carn Hill

Callow

Foxford

Co Mayo