## Payment Slip for renewal of Annual Affiliation Fee. (Please complete details of Income and Expenditure for prior year and current Officers of your Community Council)

| Secretary,   |                                 |
|--|---------------------------------|
| Muintir na Tíre Head Office  |                                 |
| Canon Hayes House<br>Tipperary Town                                    |                                 |
| Co. Tipperary.   | Date:                           |
| Attached is a cheque for €150.00 in re<br>Muintir na Tíre for the year | spect of the affiliation fee to |
| Signed:  | Office                          |
| Name of Community Council  |                                 |
| Address of Sender:   |                                 |
| E-Mail Address:  |                                 |
| Telephone No:  |                                 |
| Office Use:  |                                 |
| Date of receipt of affiliation fee:                                    |                                 |
| Receipt no   |                                 |
| Date reply & receipt posted:   |                                 |
| County:  |                                 |

## **Mailing list for Muintir Community Council**

| Name of Community Counci                 | 1           |  |
|--|-------------|--|
| Chairperson:                             | Tel         |  |
| Address:                                 |             |  |
| Secretary:                               | <u>Tel:</u> |  |
| Address:                                 |             |  |
| Treasurer:                               | Tel:        |  |
| Address:                                 |             |  |
| PRO:                                     | Tel:        |  |
| Address:                                 |             |  |
|  |             |  |
| Financial Statement for year ended / /20 |             |  |
|  |             |  |

| <u>Date:</u> <u>Details:</u> | Income: | Expenditure: |
|------------------------------|---------|--------------|
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|                              |         |              |
| Balance:                     |         |              |