

**THE FOLLOWING QUESTIONS APPLY ONLY TO FUNDING FROM THE COMMUNITY SECTION:**

Is your group or organisation independent of any other group or organisation? YES  NO

If NO, please specify the other group or organisation:  
\_\_\_\_\_

Is your group or organisation a sub-group of an independent group or organisation? YES  NO

If YES, please specify the independent group or organisation:  
\_\_\_\_\_

Is your group or organisation affiliated with any other group or organisation? YES  NO

If YES, please specify the other group or organisation:  
\_\_\_\_\_

**DECLARATION**

I hereby declare that the information supplied on this registration form is accurate and complete. I understand that all of the information provided will be retained by Fingal County Council and may be made available to other departments within the Council, as deemed appropriate.

Full name (Please print):  
\_\_\_\_\_

Chairperson  Secretary  Treasurer  OTHER  (Please tick as appropriate)

If OTHER, please specify your role within the group or organisation:  
\_\_\_\_\_

Signed: \_\_\_\_\_ Date: DD  MM  YYYY

**PLEASE RETURN THIS SIGNED, COMPLETED REGISTRATION FORM TO:**

Community, Culture and Sports Division  
Fingal County Council  
County Hall  
Main Street  
Swords  
Co. Dublin



# Registration Form

Shared with the Voluntary and Community Forum

- Arts Section
- Community Section
- Sports Development Section

*Please tick the appropriate section  
This registration form is used to update this Divisions database  
The database is shared with the Voluntary Community Forum*



**REGISTRATION NUMBER:**

FOR OFFICIAL USE ONLY

## GROUP OR ORGANISATION INFORMATION

Name: \_\_\_\_\_

Postal address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Main activity/ies: \_\_\_\_\_

Year of establishment: \_\_\_\_\_

## OFFICERS

**Full name of Chairperson:** \_\_\_\_\_

Postal address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone number: \_\_\_\_\_ Fax number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

**Full name of Secretary:** \_\_\_\_\_

Postal address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone number: \_\_\_\_\_ Fax number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

**Full name of Treasurer:** \_\_\_\_\_

Postal address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone number: \_\_\_\_\_ Fax number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

## ACTIVITY INFORMATION

Is your group or organisation a company limited by guarantee? YES  NO

Does your group or organisation have a tax number? YES  NO

If YES, please state the tax number: \_\_\_\_\_

Does your group or organisation have charitable status in Ireland? YES  NO

If YES, please state the registered charity number: \_\_\_\_\_

Does your group or organisation have a written constitution? YES  NO

Does your group or organisation have regular meetings? YES  NO

If YES, please specify how often these meetings occur: \_\_\_\_\_

Date of last annual general meeting (AGM): DD  MM  YYYY

Number of attendants at last AGM: \_\_\_\_\_ Date of next AGM: DD  MM  YYYY

What is the quorum (or number of attendants who must be present) to constitute a valid AGM? \_\_\_\_\_

Does your group or organisation have written minutes or records? YES  NO

## INSURANCE INFORMATION

Is your group or organisation insured? YES  NO  Name of insurance carrier: \_\_\_\_\_

Insurance carrier's postal address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone number: \_\_\_\_\_ Fax number: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Type of insurance policy: \_\_\_\_\_

## MEMBERSHIP INFORMATION

Total number of members (including volunteers): \_\_\_\_\_

Number of members living within Fingal County: \_\_\_\_\_ Number of members living outside of Fingal County: \_\_\_\_\_

Number of members within each age bracket: Under 12  13-18  18+