

2018 – 2019 Membership Application.



SECTION ONE - PLEASE COMPLETE THIS SECTION.

All information provided in this section may be published in publically available materials that may be available both in print form and/or online.

As the purpose of supplying this information is to promote your business and since it will be in the public domain, GDPR (General Data Protection Regulations) protections will not apply to information provided to us in this section.

Business Name				
Business Address				
Contact Name (optional)				
Preferred Telephone No / Fax No.				
Mobile No. (Optional)				
Email address:				
Website address:				
Social Media Addresses	www.facebook.com/			
	www.twitter.com/			
	www.instagram.com/			
BUSINESS CATEGORY				
<i>(PLEASE TICK APPLICABLE CATEGORIES)</i>	Hotel	Guesthouse		
	B&B	Self-Catering		
	Caravan / Camping	Hostel		
	Public House	Restaurant		
	Coffee Shop	Gift Shop		
	Supermarket	General Store		
	Activity-based Organisation	Services/Health Wellbeing		
	Gallery	Supplier		
	ACCOMODATION PROVIDERS:	Rooms Total (No.)	Sleeps Total (No.)	
	BUSINESS OPEN	ALL YEAR		SEASONAL
DO YOU ACCEPT CREDIT CARDS	YES		NO	
ARE PETS ALLOWED?	YES		NO	
IRISH SPOKEN?	FLUENT	BASIC	NO IRISH SPOKEN	
WHEELCHAIR ACCESS?	YES	NO		
WIFI?	YES - FREE	YES - Extra Charge	NO	
BUREAU DE CHANGE?	YES	NO		
ARE YOU A MEMBER OF FAILTE IRELAND?	YES	NO		
DO YOU HAVE OTHER AWARDS, RATINGS, ACCREDITATIONS?				
Are you using a booking website? If yes please specify which ones.				

SECTION ONE CONTINUED

Online Business Description of 200 Words and a maximum of 4 Images. Please consider sending new high resolution images as some of the existing images are of poorer quality.

Please ad links to your website, Facebook and booking engines.

ANY DESCRIPTION AND IMAGES CAN BE EMAILED DIRECTLY TO INFO@ACHILLTOURISM.COM

Please Tick the box provided. I understand that once details are submitted and confirmed changes cannot be made to printed material.

I understand that all of the above information may be provided to the public.

SIGNATURE:

Print Name:

Please note that all of the information that you provided above will be available publicly.

SECTION TWO. PLEASE COMPLETE THIS SECTION.

All information provided in this section will be subject to our privacy policies which are available on our website www.achilltourism.com. This information will not be shared and will not be publically available.

Contact Name						
Mobile Number						
Address						
Email Address						
MEMBERSHIP OPTIONS	Membership	Add On Packages	Tick	No	Cost	TOTAL
ACHILL TOURISM BANK ACCOUNT DETAILS:		Membership			€250	
		Additional Business Please state number			€75 Per business	€
		Associate Membership				
		Less Early Payment Discount (€30) Available until 12 th October 2017				€
		Voluntary donation to marketing fund				€
		Total				
<p>ACCOUNT NAME: Turasoireacht Acla Teo BIC: AIBKIE2D IBAN: IE38AIBK93716901587294</p>						

Payment Options.

By Cash : Please call to our office in Achill Sound with completed membership form.

By Cheque : Please include cheque with membership form and drop into the office or post in the stamped address envelop provided.

Electronic Banking : Please use the details above to make a bank transfer for the total amount due.

Standing Order : Please complete the pre-printed Standing Order form and return with your membership form or alternatively you can set up a standing order through your own electronic banking.

Note : A standing order is an automatic regular payment but the amount debited is fixed. You set it up and only you can change it – for example, only you can change the amount taken or payment date.

SECTION THREE – YOUR DATA PROTECTION AND CONTACT PREFERENCES

Please confirm your data protection and contact preferences:

I agree that Achill Tourism may contact me by the following methods:

Telephone [] Email [] Post [] SMS/WhatsApp [] Social Media []

Please tick as many as appropriate.

I would like to receive the weekly entertainment flier by email. []

Signed _____

Date _____

Print Name _____

For Office Use Only

Business Reference No	Membership Type	Fee paid	Receipt No.
	Universal + plus add ons		
Application form completed and signed	Update records	Update website	Artwork checked
Notes		Payment Method	