



# SPONSORSHIP

## APPLICATION FORM

### ORGANISATION / GROUP NAME

### CONTACT PERSON

Name

Mobile No.

### SUMMARY OF REQUEST - (ATTACH A LETTER WITH ADDITIONAL INFORMATION)

AMOUNT REQUESTED €

HOW MANY CREDIT UNION MEMBERS ARE INVOLVED IN YOUR ORGANISATION/GROUP?

0 - 30

30 - 50

OVER 50

HOW WILL YOU PROMOTE THE CREDIT UNION DURING THIS EVENT?

HAS YOUR ORGANISATION/GROUP RECEIVED SPONSORSHIP FROM US PREVIOUSLY?

YES

NO

IF YES, PLEASE PROVIDE DETAILS BELOW.

SIGNED:

DATE:

