



**SCOUTING IRELAND  
FELLOWSHIP PATROL  
APPLICATION AND CONSENT FORM FOR MEMBERSHIP**

I \_\_\_\_\_

Of \_\_\_\_\_

County \_\_\_\_\_ Eir Code \_\_\_\_\_

Apply for membership of the Scouting Trail Fellowship Patrol

My mobile Number is \_\_\_\_\_

My email address is \_\_\_\_\_

I consent to receiving notices of meeting and any other information via my email address.

I consent/do not consent to my name being added to the Scouting Trail What's App Group Chat.

Dated the \_\_\_\_/\_\_\_\_/20\_\_\_\_

SIGNED \_\_\_\_\_



**Scouting Ireland  
Fellowship Network**