



Seniors Card Membership Form

Name:

Email:

Address line 1:

Address line 2:

City:

County:

Postcode:


Phone/
Mobile Number:

Tick to Confirm you are 60 years or over

Message/Note:

PLEASE RETURN MEMBERSHIP FORMS AND AN A5 STAMPED SELF ADDRESSED ENVELOPE TO :

Seniors Card Discount Scheme
c/o Guerin Media Ltd
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Ballymount Road Lower,
Dublin 12.

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email: info@seniorscard.ie
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 www.facebook.com/seniorscard