



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

PO BOX 1095,
BLESSINGTON ROAD
NAAS,
CO KILDARE

tel: 01-4603615

email: info@seniorscard.ie

web: www.seniorscard.ie



www.facebook.com/seniorscard