



Older People's Council

Expression of Interest Form

I, _____, would like to express my interest in being part of the Galway City Older People's Council.

I understand my details would be included on a mailing list for information circulated in relation to Galway City Older People's Council.

I consent to my name and contact details being used and stored by Galway City Council and Galway City Partnership for this purpose.

I consent to my photograph being used in information and publicity in connection with the Older People's Council.

Signed _____

Name (PRINT) _____

Address (PRINT)

Telephone _____

Mobile _____

Email _____