

MBS in Co-operative & Social Enterprise  
2010- 2011

Expression of Interest Form

*Please use BLOCK CAPITALS*

Name: \_\_\_\_\_

Contact Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone Numbers:

Home: \_\_\_\_\_

Mobile: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Credit Union/ organisation with which you are involved: \_\_\_\_\_

Position that you hold in the organisation: \_\_\_\_\_

Any other details...? \_\_\_\_\_

Please return your completed form to:

Noreen Byrne,  
Centre for Co-operative Studies,  
O'Rahilly Building,  
University College Cork  
or e-mail it to [n.byrne@ucc.ie](mailto:n.byrne@ucc.ie)