

Cáirde Sign-Up Form

Please complete the form below, print off and post to IBI Cáirde, IBI, Ulysses House, 22-24 Foley St. Dublin 1.

Please tick the appropriate boxes:

A) Membership:

- Yes, I want to become a member of IBI Cáirde.

B) Finance:

- Enclosed please find my/our annual subscription of €_____ (€20 per individual, €30 per couple; please make cheques payable to IBI Cáirde)
- Enclosed please find my/our completed standing order form to pay my/our annual subscription.
- I am enclosing a gift of _____ for IBI Cáirde.

C) Contact details:

Name: _____

Address: _____

Address: _____

Address: _____

My email address is: _____

My home phone number is: _____

My mobile number is: _____

Course completed: _____

Year completed: _____

Please note: This information will be used only by IBI and will not be passed on to any third parties. IBI is registered with the Data Protection office.

Bank Standing Order Form

Date: _____

To the Manager of

Bank: _____

Branch: _____

Address: _____

Sort Code: _____

I/we hereby authorise and request you to debit my/our account

Name of account _____

(Bank: Please use donor's name as reference on Bank Statement)

Account number _ _ _ _ _

with the sum of € _____

(in words) _____

and to credit **IBI Cáirde**

Account number 24208322

Allied Irish Bank, 40/41 Westmoreland St. Dublin 2.

Frequency _____ (e.g. annually/monthly)

Start Date _____

until further notice in writing.

Signature(s) of Account holder(s) : _____

It shall be understood that the Bank shall not be under any liability for damage or loss caused by any omission to make these payments. Please allow 5 working days notice prior to first payment.