



INSTITUTE OF CHEMISTRY OF IRELAND

FORM OF APPLICATION FOR ASSOCIATE MEMBERSHIP

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COMPLETED FORM

1. Surname (BLOCK LETTERS):.....

2. First Name(s) (BLOCK LETTERS):.....

3. Permanent / Home Address (for Correspondence):

.....
.....
.....

4. Telephone: E-mail:.....

5. College if any):.....

Course of Study (Subjects):

.....
.....

6. Year of Course (if any):.....

Director of Course / Head of Department

.....

I hereby make application to become an Associate Member of the Institute of Chemistry of Ireland, and I hereby agree that in the event of being accepted and so long as I remain associated with the Institute that I will abide by its rules.

Signed:

Date:

Return to: The Registrar, The Institute of Chemistry of Ireland, PO Box 9322, Cardiff Lane, Dublin 2.



INSTITUTE OF CHEMISTRY OF IRELAND

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CREDIT CARD PAYMENT FORM

Name: _____

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Please charge my *MASTERCARD*, or *VISA** (Please Circle Card Type) for € _____

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The Institute of Chemistry of Ireland
PO Box 9322,
Cardiff Lane,
Dublin 2.



Originated 1922
Incorporated 1950

Institiúid Ceimice na hÉireann The Institute of Chemistry of Ireland

PO Box 9322, Cardiff Lane, Dublin 2

Web: www.instituteofchemistry.org Email: info@instituteofchemistry.org

Patron: Michael D. Higgins, President of Ireland

SEPA Direct Debit Mandate

*Unique mandate reference: _____

Creditor identifier IE77ZZZ305845

Legal Text: By signing this mandate form, you authorize (A) The Institute of Chemistry of Ireland to send instructions to your bank to debit your account and (B) your bank to debit your account in accordance with the instruction from The Institute of Chemistry of Ireland.

As part of your rights, you are entitled to a refund from your bank under the terms and conditions of your agreement with your bank. A refund must be claimed within 8 weeks starting from the date on which your account was debited. Your rights are explained in a statement that you can obtain from your bank.

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*Your Name: _____

*Your Address: _____

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*Swift (BIC): _____

Creditor's Name: The Institute of Chemistry of Ireland

Creditor's Address: c/o 2 Church Avenue

Eden Gate

Creditor's City/postcode: Delgany, Co. Wicklow

Creditor's Country: Ireland

*Type of Payment: Recurrent or Once-Off Payment (Please tick one option)

*Date of Signing: _____ / _____ /20

*Signature _____