



# INSTITUTE OF CHEMISTRY OF IRELAND

## FORM OF APPLICATION FOR COMPANY MEMBERSHIP

THIS FILE HAS FILLABLE FORM FIELDS — YOU CAN PRINT, SAVE AND/OR EMAIL THE COMPLETED FORM

Name of Company: \_\_\_\_\_

Registered Address: \_\_\_\_\_

Business Address if Different: \_\_\_\_\_

Name of person in Company to whom all correspondence should be addressed: \_\_\_\_\_

Website: \_\_\_\_\_ E-mail: \_\_\_\_\_

No. of employees — up to 50	<input type="checkbox"/>	51 – 100	<input type="checkbox"/>	over 100	<input type="checkbox"/>
Chemical Manufacturing/Processing	<input type="checkbox"/>		<input type="checkbox"/>	Chemical/Testing Services	<input type="checkbox"/>
Chemical Trading	<input type="checkbox"/>		<input type="checkbox"/>	Laboratory Instrumentation	<input type="checkbox"/>
Chemical Measurement (Process control instrumentation etc.)	<input type="checkbox"/>		<input type="checkbox"/>	Consultancy	<input type="checkbox"/>
				Other (please specify)	<input type="checkbox"/>

I hereby make application for the above company to be admitted to the Institute of Chemistry of Ireland as a Company Member. It is agreed that in the event of election, the company accepts the rules of membership as set out in the Articles of Association of the Institute and its By-Laws prepared by Council and approved at its General Meetings from time to time.

Signed on behalf of the Company:

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

Position: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

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



**INSTITUTE OF CHEMISTRY OF IRELAND**  
**FORM OF APPLICATION FOR COMPANY MEMBERSHIP**

**CREDIT CARD PAYMENT FORM**

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

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

Email: \_\_\_\_\_ Tel.: \_\_\_\_\_

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

*\*We regret that we cannot accept AMEX or Diners Club payments.*

Amount in words: \_\_\_\_\_

Card No: \_\_\_\_\_

Expiry Date: \_\_ \_\_ / \_\_ \_\_

Cardholders Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Cardholders Billing Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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

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PO Box 9322, Cardiff Lane, Dublin 2

Web: [www.instituteofchemistry.org](http://www.instituteofchemistry.org) Email: [info@instituteofchemistry.org](mailto: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.

Please complete all the fields below marked\*

### Personal Details

\*Your Name: \_\_\_\_\_

\*Your Address: \_\_\_\_\_

\*City/postcode: \_\_\_\_\_

\*Country: \_\_\_\_\_

\*Account Number (IBAN): \_\_\_\_\_

\*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 \_\_\_\_\_