



INSTITUTE OF CHEMISTRY OF IRELAND

FORM OF APPLICATION FOR TRANSFER TO FELLOWSHIP

NOTE: This application should be accompanied by certificates of qualifications obtained since admission to Ordinary Membership and the appropriate fee.

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

1. Surname (BLOCK LETTERS):

2. First Names (BLOCK LETTERS):

3. Nationality: 4. Date of Birth:

5. Date of election to Membership: 6. Membership No.:

7. Private Address:

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8. Business Address:

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Telephone: E-mail:

Address to be used for correspondence: Private Address Business Address

Experience in chronological order, with dates and particulars of positions held since admission to Membership.

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10. Present Position and name of Employer:

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11. Particulars of duties and responsibilities attached to your present employment:

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12. Name and addresses of two referees:

(The referees should preferably be chemists, and include at least one under whom the candidate has worked since admission to Membership.)

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13. Such other information, e.g. publications, as may be of assistance to Council:

(Additional information may be supplied on separate sheets).

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I, the undersigned, agree that in the event of my election to membership of any class in the Institute, I will be governed by the Rules, Regulations and Articles of the Institute as they now are, or as they may hereafter be altered, and that I will advance the objects of the Institute so far as shall be in my power; provided that whenever, having complied with the conditions of Article 27, I shall signify in writing to the Secretary that I am desirous of withdrawing from the Institute I shall, after the payment of any arrears which may be due by me at that period, be free from this obligation.

Signed:

Date:

Signature of Proposer:

Signature of Seconder:

Notes: Every Candidate for transfer to Fellowship must be proposed and seconded by Fellows of the Institute. If you work in a Company or Institution where you do not have easy access to ICI members you are still welcome to submit your application and Council will find a Proposer and Seconder for you subject to Council verifying your credentials

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

FOR OFFICIAL USE ONLY.

Date referred to Registrar

Money Received Acknowledged

Certificates Received Originals Returned

To Council

Result



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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

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.

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 _____