



INSTITUTE OF CHEMISTRY OF IRELAND

FORM OF APPLICATION FOR ADMISSION TO MEMBERSHIP AS EITHER A FELLOW, MEMBER, LICENTIATE, GRADUATE MEMBER, TECHNICIAN MEMBER OR ASSOCIATE MEMBER

NOTE: This application should be accompanied by certificates of qualifications 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. Grade of Membership for which you apply:

6. Private Address:

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7. Business Address:

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8. Telephone: E-mail:

Address to be used for correspondence: Private Address Business Address

9. Education:

(a) University or other Institution attended: Dates:

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(b) Examinations passed: Dates: Subjects Passed:
(Indicate those in which honours was obtained).

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(c) Degrees or Diplomas: Dates: Pass or Honours:
(include grade)

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(d) Professor or Head of Chemistry Department:

10. Present Position and name of Employer:

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Name and addresses of two referees:

(The referees should preferably be chemists, and, where the application is for Fellowship, Ordinary Membership or Licentiate, should include at least one under whom the candidate has worked since completing their Degree or Diploma. Applicants for Graduate Membership or Technician Membership require only one referee. Applicants for Associate Membership do not require a referee.)

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Experience in chronological order, with dates and particulars of positions held:

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Particulars of duties and responsibilities attached to your present employment:

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Such other information 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:

Note: 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.

Signature of Proposer:

Signature of Seconder:

Candidates must be supported by two members of the Institute who may be either Fellows, Ordinary Members or Licentiates, with the following exceptions. Candidates for Fellowship must be supported by two Fellows. Candidates for Ordinary Membership may not be supported by Licentiates. Candidates for Licentiateship must be supported by one Ordinary Member or Fellow. Candidates for Graduate Membership or Technician Membership require only one supporter. Candidates for Associate Membership do not require supporters.

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



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AS EITHER A FELLOW, MEMBER, LICENTIATE, GRADUATE
MEMBER, TECHNICIAN MEMBER OR ASSOCIATE MEMBER

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 _____