Forward completed Enrolment Form to:



IPA General Office 13, Iona Drive, Glasnevin, DUBLIN 9

IPA IRELAND

ENROLMENT FORM

Name:	Re	g No.
Home Address:		
		O.B = =
Region Name/No:	Branch:	
	Mobile	
Email address:		
Schedules of Section Ireland and to actively f	further the aims and objectives of the A	on. I agree to be bound by the Constitution, Rules and Association. I agree to *pay/have deducted from my ed by National Council of this Section. (*Delete as
		owing languages:
		mes:
Date of Membership:	Date ID	Card Issued:
* I wish to receive special IPA Pr	omotional offers from IPA o	affinity Partners * Yes / No
Signed:	Dated:	(* Delete as appropriate)
paid to the above-named organisation on my above-named organisation and the rate of dec	e above-named organisation deducted of behalf. I also agree that deductions sha ductions may be changed from time to ned equivalent to the amount deducted	each week from my salary. Such contributions will be all continue to be made unless otherwise notified by the time by the above-named organisation. I recognise that, the State accepts no further responsibility in the ions have in fact been made rests with me.
Signature	Employee No	_ (N=New)
Block Capitals	Date	(C=Change) (S=Stop)
Organisation Code Employee Registered No. Amount per pay period Start Date End Date Reference (Account/Policy No.)		I.P.A SECTION IRELAND 13 Iona Dr., Glasnevin, DUBLIN 9.
Number of deductions (possibly leave blank)		
For Office Use: Enter for payda	nyInitials	Date
DED.GEN Checked:	Initials	Date