

Forward completed Enrolment Form to:

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



**IPA IRELAND**

**ENROLMENT FORM**

**RETIRED GARDA MEMBERS**

Name: \_\_\_\_\_ Reg No. 

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Home Address: \_\_\_\_\_ Station: \_\_\_\_\_ D.O.B 

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Region Name/No: \_\_\_\_\_ Branch: \_\_\_\_\_

Ph. No.(H) \_\_\_\_\_ Mobile \_\_\_\_\_

Email address: \_\_\_\_\_

I wish to become a member of Section Ireland of the International Police Association. I agree to be bound by the Constitution, Rules and Schedules of Section Ireland and to actively further the aims and objectives of the Association. I agree to \*pay/have deducted from my \*salary/pension such membership subscription as shall, from time to time, be decided by National Council of this Section. (\*Delete as appropriate)

**Additional Information:**  
Passport-type photos (2) \* enclosed / not enclosed. I speak / write the following languages: \_\_\_\_\_  
Hobbies / Pastimes: \_\_\_\_\_  
Date of Membership: \_\_\_\_\_ Date ID Card Issued: \_\_\_\_\_

**\* I wish to receive special IPA Promotional offers from IPA affinity Partners \* Yes / No**

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_ (\* Delete as appropriate)

**GARDA PENSIONS PAYROLL - DEDUCTION AUTHORISATION FORM**

To: Accountant, Department of Justice.

I hereby agree to have my contributions to the above-named organisation deducted each week from my salary. Such contributions will be paid to the above-named organisation on my behalf. I also agree that deductions shall continue to be made unless otherwise notified by the above-named organisation and the rate of deductions may be changed from time to time by the above-named organisation. I recognise that, beyond remittance to the organisation concerned equivalent to the amount deducted, the State accepts no further responsibility in the matter. I also recognise that the ultimate responsibility for ensuring that the deductions have in fact been made rests with me.

Signature \_\_\_\_\_ Employee No. \_\_\_\_\_ (N=New)  
Block Capitals \_\_\_\_\_ Date \_\_\_\_\_ (C=Change)  
(S=Stop)

Organisation Code 

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Employee Registered No. 

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Amount per pay period 

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Start Date 

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End Date 

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Reference (Account/Policy No.) 

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**I.P.A**  
**SECTION IRELAND**  
13 Iona Dr., Glasnevin,  
DUBLIN 9.

Number of deductions (possibly leave blank)

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**For Office Use:** Enter for payday \_\_\_\_\_ Initials \_\_\_\_\_ Date \_\_\_\_\_

DED.GEN Checked: \_\_\_\_\_ Initials \_\_\_\_\_ Date \_\_\_\_\_