Forward competed Enrolment Form to:

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

IPA IRELAND ENROLMENT FORM - Serving Garda Members

Name: _____ **Reg. No.** ☐☐☐☐☐☐

Home Address: _____

_____ **Station:** _____ **D.O.B.** ☐☐-☐☐-☐☐

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: _____.

I wish to receive special IPA promotional offers from IPA affinity partners * Yes / No (please delete as appropriate)

Signed: _____ **Dated:** _____

Date of Membership: _____ **Date Membership Card Issued:** _____

Garda 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 my deductions shall continue to be made unless otherwise notified by the above-named organisation and that the rate of deductions may be changed from time to time by the above-named organisation. I recognise that, beyond making 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 been made rests with me.

Signature _____ **Employee No.** _____

Block Capitals _____ **Date** _____

PURPOSE
(N = New)
(C = Change)
(S = Stop)

Organisation Code	9 2 0 0
Employee Registered No.	
Amount per pay period	€ -
Start Date	- - 2 0 0
End Date	- - 2 0
Reference (Account/Policy No.)	

IPA
SECTION
IRELAND

_____ ☐☐

Number of deductions (possibly leave blank)

_____

For Office Use:

Enter for payday _____ **Initials** _____ **Date** _____

DED.GEN **Checked:** **Initials** _____ **Date** _____