



Promoting & Protecting the Rights of Refugees

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Comhairle Teifeach na h-Éireann

Membership Form

Contact Details

Name: _____

Address: _____

Phone: _____ Email: _____

Category of Membership Required

Corporate €100 [] Household €35 [] Individual €20 [] Student/Unwaged €7 [] Asylum Seeker €1 []

We wish to support the Irish Refugee Council in its work and agree to observe the provisions of the Memorandum & Articles of Association.

Membership fee enclosed of € _____ & a donation of € _____ Totalling: _____

Signed: _____ Dated: _____

Method of Payment

Cheque [] Cash [] Standing Order [] Other [] _____

To (Name of Bank): _____ Branch of Bank: _____

Address of Bank: _____

Account Number: _____ Sort Code: _____

My first payment will be on (insert date) _____ and on the same date in each year thereafter until countermanded by me, please debit my account and pay the sum of € _____ to: AIB, 40/41 Westmoreland Street, Dublin 2, Sort Code: 93-33-84, Account No: 49657040, Irish Refugee Council Ltd.

(Standing Order Payments - Return to Irish Refugee Council, not to your bank.)

Signed: _____ Date: _____