

Membership Form

NB 10% DISCOUNT ON MASTERCLASSES FOR IRC MEMBERS

Personal Details

Name: _____

Address: _____

Phone: _____ Email: _____

Category of Membership Required

Corporate €100 Household €35 Individual €20 Student/Unwaged €7

Asylum Seeker €1 Request Financial Hardship Fee Waiver

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: € _____ Total: _____

Signed: _____ Dated: _____

Method of Payment

Cheque Cash Standing Order Other _____

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

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

Address of Bank: _____

Account Number: _____ Sort Code: _____

On the day of _____ 20____ and on the same day 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

Signed: _____ Date: _____