

IAEM ASSOCIATE MEMBERSHIP APPLICATION FORM

PROFESSIONAL DETAILS

Title: Dr / Mr First Name: _____

Surname: _____

Current post: _____

Category (*Circle as appropriate*): SpR / Registrar / SHO / Intern / Staff Grade / AEP / Other (specify):

Work Address: _____

CONTACT DETAILS

Preferred contact address (*Circle as appropriate*): Work / Other

Other Address: _____

Work telephone No: _____ Mobile telephone No: **08** _____

Email: _____

NEW ASSOCIATE MEMBERSHIP

*Complete form and attached Direct Debit Mandate legibly using block capitals. Send both to the **Honorary Secretary**. Once notified of membership approval your mandate will be processed.*

PAYMENT

Annual Subscriptions are due on 1st January of the subscription year but payment by Direct Debit will be deferred until 1st February of the year. The current subscription rates are detailed on www.iaem.ie. Please note that there is a significant discount if paying by Direct Debit.

I hereby apply for Membership of the Irish Association for Emergency Medicine. I agree to abide by the Constitution and rules of the Association.

SIGNED: _____

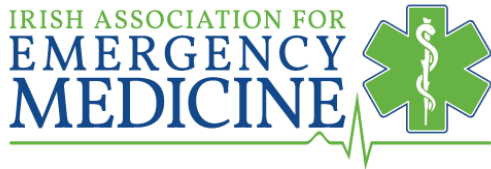
DATE: _____

Form 200813 

President: Mr.Mark Doyle
FRCSI, FCEM
Consultant in Emergency Medicine.
Waterford Regional Hospital,
Dunmore Road, Waterford, Ireland.
Tel: +353 51 842627
Fax: +353 51 848550

Secretary: Mr.Cyrus Mobed
FRCSI, DSM
Consultant in Emergency Medicine.
South Tipperary General Hospital,
Clonmel, Co. Tipperary, Ireland.
Tel: +353 52 6177987
Fax: +353 52 6177149

Treasurer: Dr.David Menzies
FCEM, Dip Med Tox, DMMD, Dip IMC (RCSEd)
Consultant in Emergency Medicine.
St. Vincent's University Hospital,
Elm Park, Dublin 4, Ireland.
Tel: +353 12214207
Fax: +353 1 2213346



INSTRUCTION TO YOUR BANK TO PAY DIRECT DEBITS



Originators Identification No.(OIN)	3	0	6	6	3	6
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Please complete parts 1 to 5 (type or bold handwriting) to instruct your Bank to make payments directly from your account. Then return the form to:-

Mr Cyrus Mobed, Hon. Secretary, Irish Association for Emergency Medicine

Emergency Department, South Tipperary General Hospital,

Clonmel Co. Tipperary

Originators Reference (Max 18 chars)	For IAEM office use only
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1 Please write the name & full address of your bank & branch

Bank:

Branch:

2 Name of Account holder:

3 Address of Account holder:

4 Sort Code:

&

Account Number:

5 Your instructions to the Bank, and your Signature

- I instruct you to pay Direct Debits from my account at the request of the **Irish Association for Emergency Medicine**. I confirm that the amounts to be debited are variable and may be debited on various dates.
- I shall duly notify the Bank in writing if I wish to cancel this instruction. I shall also so notify the **Irish Association for Emergency Medicine** of such cancellation.

The Direct Debit Guarantee

This is a guarantee provided by your own Bank as a Member of the Direct Debit Scheme, in which Banks and Originators of Direct Debits participate. If you authorise payment by Direct Debit, then

- Your Direct Debit Originator will notify you in advance of the amounts to be debited to your account
- Your Bank will accept and pay such debits, provided that your account has sufficient available funds
- If it is established that an unauthorised Direct Debit was charged to your account, you are guaranteed an immediate refund by your Bank of the amount so charged where you notify your bank without undue delay on becoming aware of the unauthorised Direct Debit, and in any event no later than 13 months after the date of debiting of such Direct Debit to your account.
- You are entitled to request a refund of any Variable Direct Debit the amount of which exceeded what you could have reasonably expected, subject to you so requesting your Bank within a period of 8 weeks from the date of debiting of such Direct Debit to your account.
- You can instruct your Bank to refuse a Direct debit payment by writing in good time to your Bank
- You can cancel the Direct Debit Instruction by writing in good time by writing to your Bank

Signature (s) _____ Date _____