Forward competed Enrolment Form to:



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

IPA IRELAND ENROLMENT FORM - Serving Garda Members

Name:		I	Reg. No.	
Home Address:				
			D.O.B.	<u> </u>
Region Name/No.	<u>Branch</u>			
Ph. No(H)	<u>Mobile</u>			
Email address :				
I wish to become a member of Section Rules and Schedules of Section Ireland deducted from my *salary/pension such this Section. (* Delete as appropriate)	and to actively further	the aims and objectives of	of the Associa	ation. I agree to *pay/have
Additional Information: Passport-type photos (2) * enclosed	not enclosed.	I speak / write the f	Collowing la	nguages:
Hobbies / Pastimes:				·
I wish to receive special IPA promoti			es / No (n	lease delete as appropriate)
Signed:		• -	(P.	rease defete as appropriate,
Date of Membership:	Da	te Membership Car	d Issued:	
Garda Payroll Deduction I hereby agree to have my contributions will be paid to the above-named organ otherwise notified by the above-named above-named organisation. I recognise a deducted, the State accepts no further rethe deductions have been made rests with Signature Block Capitals Organisation Code Employee Registered No. Amount per pay period Start Date End Date Reference (Account/Policy No.)	to the above-named orgisation on my behalf. I organisation and that the that, beyond making remainsponsibility in the matter in me.	nnisation deducted each walso agree that my deducter rate of deductions may nittance to the organisati	eek from my ctions shall c be changed on concerned ultimate resp	salary. Such contributions ontinue to be made unless from time to time by the l equivalent to the amount
Number of deductions (possible) For Office Use: En		Initials		
		Date		