

MEMBERSHIP APPLICATION FORM



Please return to:

**Dr Fergus O'Ferrall, Director, The Adelaide Hospital Society,
The Adelaide & Meath Hospital, Tallaght, Dublin 24.**

I/We wish to join the Adelaide Hospital Society.
Use BLOCK CAPITALS please.

NAME: _____

Rev/Dr/Mr/Mrs/Ms (please indicate)

ADDRESS: _____

Tel: _____ Email: _____

Membership Subscription Rates

	€	
Individual Membership	€40	<input type="checkbox"/>
Family Membership	€50	<input type="checkbox"/>
Clergy/Adelaide Nurses' League	€20	<input type="checkbox"/>
Student/Unwaged	€10	<input type="checkbox"/>
Group/Parish Membership	€150	<input type="checkbox"/>

OPTION A:

I wish to pay by: (tick one box)

Cheque Postal Order

(made payable to Adelaide Hospital Society)

Please enclose payment for Option A

OPTION B:

I wish to pay by credit card:
(tick one box)





Please complete the details as follows:

Amount to be paid € _____ Card Expiry Date

Card Number

OPTION C:

Payment by **Direct Debit**. (for those who hold a bank account in the **Republic of Ireland**) **Originator 301197**

1. Please write the full postal address of your Bank here: (Block Capitals)

To: Bank _____

Address _____

2. Name of Account holder _____

3. Account Number

Bank Sort Code

4. Your instruction to the bank and signature

- I instruct you to pay Direct Debits from my account at the request of The Adelaide Hospital Society
- The amounts are variable and may be debited on various dates
- I understand that The Adelaide Hospital Society may change the amount and dates only after giving me prior notice
- I will inform the Bank in writing if I wish to cancel this instruction
- I understand that if any Direct Debit is paid which breaks the terms of the instruction, the Bank will make a refund.

Signature(s) _____

Date _____