



## ENVIRONMENTAL HEALTH OFFICERS ASSOCIATION

Cumann na nOifigeach Slainte Comhshaoil

### APPLICATION FOR MEMBERSHIP.

#### PERSONAL DETAILS. (Note: Work details are sufficient)

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**e-mail:** \_\_\_\_\_ **Mob:** \_\_\_\_\_

**Position:** \_\_\_\_\_

#### QUALIFICATIONS

Please list your Environmental Health Qualifications;

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you previously been a member of the Environmental Health Officers Association? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes please give details:

Date membership ceased: \_\_\_\_\_

Reason for ceasing. (Please give as much detail as you feel comfortable with in this section)

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Membership of The Environmental Health Officers Association €57.00 per annum. Payment is due in January each year and may be made directly to your Branch Treasurer, or the Honorary Treasurer of the Association. Some Health Boards have a salary deduction scheme in operation, which your Branch Treasurer will be able to advise you about. Payment may also be made by direct debit through your bank. A direct debit mandate form is attached, and we encourage you to use this option if possible as this means of payment best facilitates our accounting.

**DECLARATION**

I declare that all of the details provided by me in this form are true and accurate to the best of my knowledge.

I agree to be bound by the Rules and Regulations of the Environmental Health Officers Association and to promote its aims and aspirations to the best of my ability.

Signed: \_\_\_\_\_

Name: \_\_\_\_\_ (Please print)

Date: \_\_\_\_\_

Thank you for your application

## STANDING ORDER

**To: The Manager**

**Name and Address of Bank/Building Society**

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**I/We hereby authorise and request you to debit my/our Current Account**

**Account Name** \_\_\_\_\_

**Account Number** \_\_\_\_\_

**Sort Code** \_\_\_\_\_

**With the sum of €57 (*fifty seven euro*)**

**And to credit the Environmental Health Officers Association account**

**Account No.: 86380095**

**Sort Code: 93-20-86**

**At Allied Irish Bank, 7/12 Dame Street, Dublin 2.**

**On the 21<sup>st</sup> March, 2004, and on the same day annually thereafter until further notice in writing. It shall be understood that the Bank shall not be under any liability for damage or loss caused by any omission to make these payments.**

**Name:** \_\_\_\_\_  
(Block Capitals Please)

**Signature:** \_\_\_\_\_

**Name:** \_\_\_\_\_  
(Block Capitals Please)

**Signature:** \_\_\_\_\_