



Membership Application

Applicant Information

Full Name: _____ Date: _____
Last *First*

Address: _____
Street Address *Apartment/House #*

_____ *City* _____ *County* _____ *Eircode*

Phone: _____ Email _____

Membership type applied for? Associate Full

Undergraduate Education

Institution: _____ Address: _____

From: _____ To: _____ Course Title: _____

Result _____

Institution: _____ Address: _____

From: _____ To: _____ Course Title: _____

Result _____



Postgraduate Education

Institution: _____ Address: _____

From: _____ To: _____ Course Title: _____

Result _____

Institution: _____ Address: _____

From: _____ To: _____ Course Title: _____

Result _____

Employment History

Institution: _____ Address: _____

From: _____ To: _____ Job Title: _____



Duties/Responsibilities held:

Institution: _____ Address: _____

From: _____ To: _____ Job
Title: _____

Duties/Responsibilities held:



Institution: _____ Address: _____

Duties/Responsibilities held:

Disclaimer and Signature

- *I declare that I have read, understood and will comply with the IACS's standards of conduct, performance and ethics.*
- *I consent to the IACS contacting any person to obtain further information about my application or to verify the information that I have provided and agree that any person who is so contacted may provide the IACS with any information about me which that person holds.*

Signature: _____ Date: _____



Notes

MEMBERSHIP PROCEDURE

- The applications for membership shall be considered by the membership committee in a duly convened meeting as required, but not exceeding twice annually.

MEMBERSHIP CATEGORY

The membership of the association shall be composed of

a) Full Members (b) Associate Members

MEMBERSHIP FEE

Full Member	€60
Associate member	€30

Checklist – please check to ensure you have enclosed the following items with your application Please cross

1	A completed application form	<input type="checkbox"/>
2	Application Fee	<input type="checkbox"/>
3	Copies of an appropriate documents to confirm your identity (Driver's license, passport)	<input type="checkbox"/>
4	A legible copy of your qualification certificate(s) and certified translation (if applicable)	<input type="checkbox"/>
5	Letter of support from current employer/relevant professional confirming eligibility for membership	<input type="checkbox"/>