



Irish Nurses and Midwives Organisation

Cumann Altraí agus Ban Cabhrach na hÉireann

Working Together

**Authorisation to Deduct
INMO Membership Fee From Pay**

NAME: _____
(Block Capitals Please)

EMPLOYED AT: _____

Authorise the deduction from my pay, until further notice, the sum of €19.00 per month in respect of the Irish Nurses and Midwives Organisation (INMO) financial year January – December, to be deducted on each pay day and paid to the Organisation on my behalf. I also agree that if the subscription be varied, the deduction shall be varied accordingly. If there is an inadvertent shortfall in the amount deducted at source in respect of annual fee, I agree to pay the balance directly to the Organisation.

INMO NO: _____

PAYROLL /STAFF NO: _____
(available on pay slip)

COMMENCING: _____

SIGNATURE: _____

DATE: _____

IMPORTANT: When completed and signed, the member should upload or return this form directly to the:

**Irish Nurses & Midwives Organisation
The Whitworth Building
North Brunswick Street
Dublin 7**