

# MEMBERSHIP APPLICATION FORM



## SECTION 1: ABOUT YOU

(Please fill out form in Block Capitals)

Title (Mr, Mrs, Ms)

Date

First name

Last name

Address (for correspondence)

Email address

Please tick this box if you would not like to receive correspondence from the INMO via email or phone.

Mobile tel. no.

Home/work tel. no.

Date of birth

Work location

Position held at present

Please tick  if you are a member of another Trade Union. If yes, which Union?

Please tick  if you are/were a member of the Trade Union's Salary/Income Protection Scheme.

## FOR REGISTERED NURSES AND MIDWIVES ONLY

NMBI PIN No: \_\_\_\_\_

Please tick  one of the following:

General Training

Midwifery

Public Health

Sick Children's

Psychiatry

R.N.I.D

Recruited by \_\_\_\_\_

FOR OFFICIAL USE ONLY

Membership No:

## INMO DATA PROTECTION

The Irish Nurses and Midwives Organisation ('the INMO') collects and processes personal data arising from your membership and in the course of providing services to you. INMO's Data Protection Notice for Members, and Data Protection Policy, is available at [www.inmo.ie/dataprotection](http://www.inmo.ie/dataprotection), and provides you with full details about how we process your personal data. It also provides you with important information regarding your rights in relation to the personal data we hold about you and how you can exercise those rights.

The Executive Council of the INMO carefully selects companies and brokers who are in a position to offer you value added services arising from your membership.

Don't miss out on this valuable benefit of INMO membership!  Tick here to allow our partners to contact you about value added services.

INMO will provide partners with limited personal information you have provided us, i.e. contact details, to allow our partners use information you have provided here to contact you to offer you these value added services. INMO will share your information where you have ticked the box to join. You can instruct us at any time to no longer share your details by emailing [membership@inmo.ie](mailto:membership@inmo.ie).

**SECTION 2: PAYMENT OPTIONS**

(Please fill out form in Block Capitals)

Tick your preferred payment method below

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

**Name**

(being a Full-Time Employee)

**Employed at**

Authorise the deduction from my pay, until further notice the sum of € \_\_\_\_\_ per month in respect of the Irish Nurses and Midwives Organisation financial year, January to 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 direct to the Organisation.

**INMO Number**

**Employee Number**

**Signature:**

**Date:**

**Payment by Credit/Debit Card**

**Mastercard/Visa/Visa Debit card number**

**Card Expiry Date**

**CVV number**

**Name and Initials**

(as they appear on card)

I wish to pay **3 months** subscription

I wish to pay **1 years** subscription

**Annually by Cheque/P.O. made payable to INMO**

On completion, this form should be returned directly to

**Membership Services Department,  
 Irish Nurses and Midwives Organisation,  
 The Whitworth Building,  
 North Brunswick Street,  
 Dublin 7**

**Save** on  
your insurance with

**INMO**  
**REWARDS+**  
Supported by Cornmarket

Supported by  **Cornmarket**

- ✓ **9 months FREE Income Protection worth €611\***
- ✓ **€80 OFF Car Insurance\*\***
- ✓ **€75 OFF Health Insurance\*\*\***
- ✓ **€30 OFF Home Insurance\*\*\*\***
- ✓ **Lowest price Life Insurance PLUS a 5% discount†**  
from the insurers we quote
- ✓ **Tax Return Service (no refund, no fee)††**

**Don't miss out on this valuable benefit of membership!**

To avail of these discounts, you must have signed up to INMO Rewards within 3 months of joining the INMO on or after 01/10/15.

**To sign up to INMO Rewards, tick the box below.**

For full terms and conditions, visit [cornmarket.ie/inmo-rewards-terms](http://cornmarket.ie/inmo-rewards-terms). Offers are effective from 01/06/17, subject to change and are only available through certain Schemes. You must sign up to Rewards within 3 months of joining the INMO. Only one discount can be used with each eligible proposal. You must request a quote within 1 year of joining for car, home and health offers and these must be requested over the phone. \*Not available to existing members of a Cornmarket Salary/Income Protection Scheme. You must join the Scheme within 3 months of joining Rewards. \*\*Available to new Cornmarket Car Insurance customers, subject to a minimum premium of €334.65. \*\*\*Savings are based on waiving our administration fee. \*\*\*\*Available to new Cornmarket Home Insurance customers, subject to a minimum premium of €279.92. †Subject to a minimum premium of €15 per month. We offer an additional 5% discount (where the premium is more than €15 per month). ††Cornmarket's Tax Return Service is not a regulated financial product and is part of Cornmarket Retail Trading Ltd, a wholly-owned subsidiary of Cornmarket Group Financial Services Ltd. Available one year after joining Rewards. If you would like us to claim a refund on your behalf, a fee of €45 plus 15% of your refund will apply - subject to a minimum refund of €51.75. Available to PAYE income earners who do not have any other income and are not existing members of Cornmarket's Tax Return Service. Cornmarket Group Financial Services Ltd. is regulated by the Central Bank of Ireland. A member of the Irish Life Group Ltd. which is part of the Great-West Lifeco Group of companies. Telephone calls may be recorded for quality control and training purposes.

## INMO REWARDS

Are you (please tick ✓ the relevant option below)?:

1. A New Member                       2. A New Graduate  
 3. Returning from Nursing Abroad    4. Returning from Career Break/Leave of Absence.

**Don't miss out on this valuable benefit of INMO membership!  Tick here to join INMO Rewards**

Privacy Statement: When you tick the box to avail of INMO Rewards your personal data will be sent to the Rewards provider, Cornmarket Group Financial Services Ltd. (Cornmarket), Christchurch Square, Dublin 8. Cornmarket's Data Privacy Notice available at [www.cornmarket.ie/data-privacy-notice](http://www.cornmarket.ie/data-privacy-notice), provides you with full details about how they process your personal data. It also provides you with important information regarding your rights in relation to the personal data they hold about you and how you can exercise those rights. Cornmarket will use the personal information you have provided here to contact you by post, email, telephone, mobile phone or SMS about INMO Rewards so you can avail of the discounts available to you as a Rewards member. Cornmarket will only contact you about INMO Rewards where you have ticked the box to join. You can instruct them at any time to no longer contact you about INMO Rewards by emailing [dataprotection@cornmarket.ie](mailto:dataprotection@cornmarket.ie). See [www.cornmarket.ie/inmo-rewards-terms](http://www.cornmarket.ie/inmo-rewards-terms) for terms and conditions. Cornmarket Group Financial Services Ltd. is regulated by the Central Bank of Ireland. A member of the Irish Life Group Ltd. which is part of the Great-West Lifeco Group of companies. Telephone calls may be recorded for quality control and training purposes.

# STANDING ORDER SET UP FORM



Irish Nurses and Midwives Organisation  
Working Together

To the Manager

Branch Address

I/We hereby authorise and request you to debit my/our account  
(Details of the account from which payment will be made)

Account Name:

BIC (optional from Feb 1<sup>st</sup> 2016)

IBAN

and to Credit the Beneficiary/Receive account  
(Details of the account to which payments will be made)

Account Name:

BIC (optional from Feb 1<sup>st</sup> 2016)

IBAN

\*Beneficiary/Receiver Reference

Reference will appear on Beneficiary/Receive Statement

Start Date (cannot be historic)

Frequency: Weekly  Fortnightly  Monthly   
Quarterly  Annually  Other

Number of Payments:  /

Amount:

Signature  Date

Signature  Date

Please allow 5 working days prior to the first payment due date.