

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

Public Health

Psychiatry

Recruited by _____

Midwifery

Sick Children's

R.N.I.D

FOR OFFICIAL USE ONLY

Membership No: _____

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.

To ensure you that you avail of the many special discounts available to you as a new member through INMO Rewards, please tick here

Please note: discounts are provided by Cornmarket who will contact you about INMO Rewards. The INMO Rewards Scheme provides new members with discounts & special offers on insurance & financial products. When you join the INMO, you are entitled to avail of INMO Rewards which are provided by Cornmarket Group Financial Services Ltd. By ticking the box to avail of INMO Rewards, you consent to the use and recording of your personal details by Cornmarket. Cornmarket will use the data provided to contact you by mail/email/telephone/mobile phone/sms about INMO Rewards & other products and services which may be of interest to you. You can opt out of receiving this information at any time. The information provided by you will not be passed on to third parties for the purposes of direct marketing. For full details on how your data will be used by Cornmarket, please visit www.cornmarket.ie/data-protection. Cornmarket Group Financial Services Ltd. is regulated by the Central Bank of Ireland. A member of the Irish Life Group Ltd. Telephone calls may be recorded for quality control and training purposes.

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

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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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**

STANDING ORDER SET UP FORM



Irish Nurses and Midwives Organisation
 Cumann Altraí agus Ban Cabhrach na hÉireann
 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 1st 2016)

IBAN

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

Account Name: Irish Nurses & Midwives Organisation,
 Allied Irish Bank, 100/101 Grafton Street, Dublin 2.

BIC (optional from Feb 1st 2016) A I B K I E 2 D

IBAN I E 0 6 A I B K 9 3 1 0 4 7 5 2 0 1 4 0 1 7

*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: N / A

Amount:

Signature Date

Signature Date