Irish Farm Centre
Bluebell, Dublin 12
Tel: 01 4603682
Fax: 01 4565415
Email: secretary@asaireland.ie
Website: www.asaireland.ie

ASA MEMBERSHIP FORM 2017 – 2018

HOW TO JOIN - Membership is paid ideally by direct debit, but can also be paid by cash/cheque/credit card. Full yearly membership is €120 or €50 for retired members. A special rate of €30/annum is available to undergraduates and new graduates for each of the first two years after graduation (if membership is set up by direct debit only) or €50/annum for each of the first two years by cash/cheque/credit card. For the third and fourth year after graduation the membership fees raise to €80 per annum. Please complete the membership details below and fill in the direct debit mandate and post to: ASA, Irish Farm Centre, Bluebell, Dublin 12. Alternatively pay securely online by Credit Card/Laser Card at www.asaireland.ie.

DIRECT DEBIT PROMOTION: FULL MEMBER RATE BY DIRECT DEBIT: €80 FOR YEAR 1.

ASA MEMBERSHIP DETAILS

Please complete all fields in block letters:

First Name : _____ **Surname:** _____

Employment details:

Position: _____ **Company:** _____

Company Address:

_____

_____

Personal Details:

Home Address:

_____

_____

Email:_____

Mobile no: _____ **Work No:** _____

College: _____ **Year of Graduation:** _____

Please indicate where you would like regular communications to be sent:

Home: ☐ **Work:** ☐

Type of membership:

Full: ☐ **Retired:** ☐ **Recent Graduate:** ☐ **Student:** ☐ **Jobseeker:** ☐

Cash: €_____ **Cheque: €**_____

Credit Card: __/ __/ __/ __/ __/ __/ __/ __/ __/ __/ __/ __/ __/ __/ __/ __/

Exp Date: __/ __/ **CVV:** __/ __/ __/ **Name on Card:** _____

Unique Mandate Reference **IE9SDD992953**

By signing this mandate form, you authorise (A) **Agricultural Science Association** to send instructions to your bank to debit your account and (B) your bank to debit your account in accordance with the instructions from **Agricultural Science Association**
As part of your rights, you are entitled to a refund from your bank under the terms and conditions of your agreement with your bank. A refund must be claimed within 8 weeks starting from the date on which your account was debited. Your rights are explained in a statement that you can obtain from your bank.

Please complete all the fields marked *

Creditor's name		**A S A**
Creditor identifier		**I E 9 S D D 9 9 2 9 5 3**
Creditor address		**I R I S H F A R M C E N T R E**
City		**B L U E B E L L**
Post Code		**D U B L I N 1 2**
Country		**I R E L A N D**
Type of payment	*	Recurrent payment ☐ or One-off payment ☐
Debtor Name	*	
Debtor Address		
City		
Post Code		
Country		
Debtor account number – IBAN	*	
Debtor bank identifier code – BIC	*	
Date of signature	*	

Signature(s)

Please sign here *

Please complete and return this form to the ASA Office – details above.