

Annual Membership Form

Annual Membership fees are €22.00. Please complete this form and return it to the **ICPA, Coleraine House, Coleraine Street, Dublin 7..**

As a member you are invited to attend and contribute to the Support Meetings, Self Help Workshops, receive updates via quarterly newsletter, avail of telephone support and web-site forum. We are very grateful for your support of the ICPA as we continue to lobby Government and increase awareness of Chronic Pain amongst the medical profession and the general public.

(Please tick as applicable)

Membership Category New Renewal

Membership Type

Member €22.00

Health Professional €22.00

Associate Member * €22.00

(Voluntary Donation) €

Total Enclosed €

* I do not have Chronic Pain but would like to receive information

Method of Payment

Cheque Postal Order / Bank Draft

PLEASE USE BLOCK CAPITALS:

Title: _____ First Name: _____

Surname: _____

Address: _____

Tel: (H) _____ Tel: (M) _____

E-Mail: _____

Disclaimer

The Irish Chronic Pain Association (ICPA) requires this information to process your membership, post membership-related material to you, keep you informed of events, issues and opportunities relating to Chronic Pain or to the aims of the ICPA.

Occasionally, the ICPA may determine that products/services of appointed agents or third parties might be beneficial to our members and under strict non-disclosure agreements, some of your information may be given to such parties, or may be used by ICPA to directly inform you of the product or service. If you do not wish to receive such communication, please tick here.

Banker's Order

Please return this form to us and we will send it on to your bank

Bank Sort No: _____

Bank Account No: _____

Bank Name: _____

Branch: _____

Bank Address: _____

Please pay the sum of _____ to the account of the Irish Chronic Pain Association, at AIB Bank, Georges Street, Dun Laoghaire, Co Dublin. Sort Code: 93-34-06 Account number 75755027, on this date and on the corresponding date each succeeding year until further notice.

Name: _____

Address: _____

Signed: _____ Date: / /