

Forward Completed Enrolment Form to:



IPA General Office
13 Iona Drive,
Glasnevin,
Dublin 9
ipairish@gmail.com

IPA IRELAND ENROLMENT FORM - EXTRA-ORDINARY MEMBERSHIP

I:

DOB:

Of _____
Phone: _____ Email: _____

wish to become an Extra Ordinary member of Section Ireland of the International Police Association.

I agree to be bound by the Constitution, Rules and Schedules of Section Ireland and to actively further the aims and objectives of the Association. I agree to pay by monthly deduction or EFT annually such membership subscription as shall, from time to time, be decided by National Council of this Section. (** Delete as appropriate) I understand that the IPA Ireland Magazine, the IPA Journal Ireland, published seasonally, will be available to me on-line. My Interests and Hobbies are:-

I speak the following languages _____

Signed:

Date:

MEMBERSHIP FORM TO BE COMPLETED IN CONJUNCTION WITH DATA PROTECTION CONSENT FORM

DATE OF JOINING:

Date Membership Card Issued:

**** BANKERS ORDER --To The Manager _____ Bank/ Building Society/ Credit Union**
I _____ hereby authorise you and request you to debit my _____ account
number _____ and pay Membership A/C, IBAN IE73 AIBK 9321 8359 9121 40 the sum of €25.00
annually, commencing on _____ day of _____ 20__ and thereafter on 1st day of January each year until
further notice in writing. It shall be understood that the bank will not be under any liability for damage or loss caused
by any omission to make these payments
SIGNED: _____ DATE: _____

**** OFFICIAL DEDUCTION FORM (N.B. ** Please select as appropriate by deleting whichever is not relevant.)**

Garda Pensions Payroll Deduction Authorisation Form: To: Accountant, Department of Justice.

I hereby agree to have my contributions to the above-named organisation deducted each month from my pension. Such contributions will be paid to the above-named organisation on my behalf. I also agree that my deductions shall continue to be made unless otherwise notified by the above-named organisation and that the rate of deductions may be changed from time to time by the above-named organisation. I recognise that, beyond making remittance to the organisation concerned equivalent to the amount deducted, the State accepts no further responsibility in the matter. I also recognise that the ultimate responsibility for ensuring that the deductions have been made rests with me. I AGREE THAT GARDA PAYROLL/GARDA PENSION PAYROLL MAY HOLD MY PERSONAL INFORMATION AND DATA FOR USE IN ACCORDANCE WITH CURRENT DATA PROTECTION LEGISLATION

Signature _____ Employee No. _____

(N = New)

Block Capitals _____ Date _____

Organisation Code
Employee Registered No.
Amount per pay period
Start Date
End Date
Reference (Account/Policy No.)

€	-																			
	-																			
	-																			

**IPA
SECTION
IRELAND**

Number of deductions (possibly leave blank)

For Office Use:

Enter for payday _____ Initials _____ Date _____

DED. GEN Checked: Initials _____ Date _____

To create bonds of friendship and promote international co-operation between police officers whether on active duty or retired and without distinction as to rank sex race colour language or religion

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PERSONAL DATA CONSENT FORM

IPA Ireland is a Data Controller under the Data Protection Acts 1988 and 2003, as well as the General Data Protection Regulation (GDPR).

The personal data supplied consensually to the IPA by its members is required for the purposes of the “IPA Business” as defined within the IPA Data Protection Policy, a full copy of which is available on our website. We encourage you to download and read it.

IPA Ireland will store your personal data physically and electronically, in compliance with the above regulations. Security measures and leading IT technologies and encryption standards will be applied to ensure the safety of your personal data.

Should you wish to update or access your personal data, you should write to us requesting an Access Request Form. If you wish to have your personal data deleted, such request can be made on Consent Withdrawal Form. Please note, these forms are available on the Member’s area of our website, www.ipaireland.org

I hereby consent to my data being collected, stored, processed and used in accordance with the IPA Data Protection Policy.

Name	Reg. No.:	
Address		
email		
Phone	Mob.	Home.
	D.O.B.	Marital Status:
Signed:		
Office Use:		

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