

Forward Completed Enrolment Form to:

Completed Data Consent Form is
necessary with each Enrolment Form



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

Forward completed Enrolment form to:

IPA General Office
13, Iona Drive, Glasnevin,
DUBLIN 9.

IPA IRELAND ENROLMENT FORM – GARDA RESERVE MEMBER

I, the aforementioned: _____ DOB: _____

Station: _____, wish to become a 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 electronic transfer annually such membership subscription as shall, from time to time, be decided by National Council of this Section. 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: _____

Signed:

REG. No. _____ Date: _____

Date of Joining: _____

Date Membership Card Issued: _____

MEMBERSHIP FORM TO BE COMPLETED IN CONJUNCTION WITH DATA CONSENT FORM

I UNDERSTAND THAT ON THE TERMINATION OF MEMBERSHIP OF AN GARDA SÍOCHÁNA FOR ANY REASON, MY MEMBERSHIP OF THE IPA SHALL CEASE FORTHWITH AND THAT I WILL NOT BE ELIGIBLE FOR A REFUND OF MONIES PAID TOWARDS MEMBERSHIP CONTRIBUTION. I UNDERTAKE, UPON MY HONOUR, TO NOTIFY IPA IRELAND OF SUCH TERMINATION AND THAT I WILL RETURN ALL IPA PROPERTY IN MY POSSESSION TO:

IPA General Office, 13 Iona Drive, Glasnevin, DUBLIN 9, WITHOUT DELAY.

BANKERS ORDER

To The Manager _____ Bank/ Building Society/ Credit Union

I _____ hereby authorise you and request you to debit my _____

Account No. _____ and pay **Membership A/C, IBAN IE73 AIBK 9321 8359 9121 40** the sum of **€49.40** annually, commencing on _____ day of _____ 20____ and thereafter on 1st day of January each year until further notice in writing.

TO: **Account Name: Membership Account.**

IBAN: IE73 AIBK 9321 8359 9121 40

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: _____

For Office Use:

Date of lodgement _____ 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



PERSONAL DATA CONSENT FORM

USE BLOCK CAPITALS	Mr/Mrs/Ms	First Name	Surname
Name			
Reg. No.:			
Address			
	Eircode		
Contact Email Address			
Phone	Mob.	Home	
D.O.B.			
Signed:			

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.

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