

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

IPA IRELAND ENROLMENT FORM – SERVING / RETIRED ORDINARY MEMBERSHIP

Block Capitals Please – Form to be completed in conjunction with DATA CONSENT FORM

I, DOB: Station: _____

Address: _____
email: _____ Ph. _____

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 have deducted from my ** Salary/Pension 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: _____

Signed: _____ REG No. _____ Date: _____

DEDUCTION AUTHORISATION FORM

**Garda Payroll Deduction/ **Garda Pension Payroll Deduction

I hereby agree with having my contributions to the above-named organisation deducted each week/month from my salary/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**

Signed: _____ 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

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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