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 ORDINARY

MEMBERSHIP

POLICE MEMBER FROM OTHER SECTION RESIDING IN IRELAND

Name: _____

Home Address: _____

DOB ___/___/_____ **Police Force:** _____ **Reg. No.** _____

Region Name/No: _____ **Email Address:** _____

I wish to become a member of Section Ireland of the International Police Association. I am a retired police officer who has completed full service in my country. 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 annually such membership subscription as shall, from time to time, be decided by National Council of this Section and have completed the Bankers Order below to facilitate such payment.

***I was / was not an IPA Member, (IPA No. _____) in Section _____ Until ___/___/___**

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

Additional Information: Languages/Hobbies etc.: _____

The magazine of our Association in Ireland, the IPA Journal Ireland, published Seasonally, will be available to you on-line.

Signed: _____ **Date:** _____ **Mobile No:** _____

DATE OF JOINING: _____ **Date Membership Card Issued:** _____

BANKERS ORDER

Please Use Your Name as Reference and Ensure that Your Bank Includes That Reference With EFT

To: The Manager **Bank/ Building Society/ Credit Union**

I _____ **hereby authorise you and request you to debit my** _____ **account number:** _____ **and pay IPA Membership A/C, IBAN IE73 AIBK 9321 8359 9121 40 the sum of €49.40 annually, commencing on the day of , 20__and thereafter on 1st day of January each year until further notice in writing.**

Please Use *(Insert Name)* _____ **as my Reference with payment. I understand that the bank will not be under any liability for damage or loss caused by any omission to make these payments**

SIGNED: _____ **DATE:** _____

(**)Please Print Name**

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.