**Irish Shoulder and Elbow Rehab Society**

**Membership Form**



**Date:**

Please complete this form in **BLOCK CAPITALS**

**Personal details**

|  |  |
| --- | --- |
| **Name** |  |
| **Address** |  |
| **Post Code** |  |
| **Mobile Number** |  |
| **E-mail Address**  |  |
| **Work location** |  |
| **Position held at present**  |  |

Please tick if you are a member of another Shoulder and Elbow Society. If yes, which Society?

FOR OFFICAL USE ONLY

Membership Number:

Please tick this box if you would not like to receive correspondence from the ISERS via email

**Irish Shoulder and Elbow Rehab Society**

**Standing Order Form**



**Date:**

|  |
| --- |
| Please fill in the standing order form below and return to:Ms. Michelle Clarke, Treasurer ISERS, C/O Physiotherapy department, Beaumont Hospital, Dublin |
| Account Name: |  |
| Name of current account to be debited: |  |

|  |
| --- |
| **To the manager of the Bank/ Building Society** |
| Branch/ Building Society |  |
| Branch address |  |
| Post code |  |
| Account number | Sort Code |

**Please pay into the account of: Mulligan Course Account**

Bank of Ireland, Collinstown Cross, Dublin 17

**IBAN**IE52 BOFI 9096 0193 0260 30  **BIC**BOFIIE2D

**I/we instruct you to pay a yearly Standing Order in the amount of €\_\_\_\_\_\_\_\_ from my/our account per year at the request of the Irish Shoulder and Elbow Rehab Society.**

Start date for deduction (year): \_\_\_\_\_\_\_\_5/1/2019\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_