

IRISH HOSPITAL CONSULTANTS ASSOCIATION

HERITGE HOUSE, DUNDRUM OFFICE PARK, DUBLIN 14.

TELEPHONE: 298 9123 FAX: 298 9395

E -MAIL: info@ihca.ie



Membership Application/Renewal

Surname _____ Forename(s) _____

Date of Birth	Male	Female
Preferred Mailing Address	Hospital 1.	
	Hospital 2.	
	Hospital 3.	
Telephone No	Email	
Mobile No		
(please tick as appropriate)		
Buckley	2008 Contract	
Category 1	Type A	
	Type B	
Category 2	Type B*	
	Type C	

Permanent _____ or Full Time Private Practice _____ or Locum _____

Academic (fulltime) specify Buckley Category or 2008 Contract Type

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Specialist Register* Yes No Medical Council Reg No

Speciality	Sub-specialty
Anaesthesia	
Emergency Medicine	
Medicine	
Obstetrics/Gynaecology	
Pathology	
Paediatrics	
Psychiatry	
Radiology	
Surgery	

Preferred method of payment

Direct Debit €58.00 monthly

Cheque €700.00 annually

Lyons Financial Services acts as administrators in respect of a suite of financial products available to IHCA members. If you wish Lyons Financial Services will initiate contact with you to discuss further, provided you agree that the IHCA can supply your contact details to Lyons Financial Services. If you do not wish to be contacted please tick the box

SEPA Direct Debit Mandate



Instruction to your Bank to Pay Direct Debits

Unique Mandate Reference (UMR) – to be completed by the IHCA

By signing this mandate form, you authorise the Irish Hospital Consultants Association to send instructions to your bank to debit your account and your bank to debit your account in accordance with the instructions from the Irish Hospital Consultants Association.

As part of your rights you are entitled to a refund from your bank under the terms and conditions of your agreement with your bank. A refund must be claimed within 8 weeks starting from the date on which your account was debited.

Please complete all the fields marked *.

Your Name * _____

Your address 1 * _____

Your address 2 * _____

City/Post Code * _____

Country * _____

Your account number – IBAN * _____

Your Bank Identifier Code – BIC * _____

Irish Hospital Consultants Association
Heritage House,
Dundrum Office Park,
Dundrum,
Dublin 14,
Ireland.

Creditor Identifier:- IE18SDD300311

Type of Payment * Recurrent Payment

One-off payment

Signature * _____
Please Sign Here

Date of Signature * _____
DD MM YY

Note: Your rights regarding the above mandate are explained in a statement that you can obtain from your bank.

Direct debits will be presented on the 25th or the next working day thereafter of every month

Please return this mandate to the Creditor (IHCA).