



IRISH UNITED NATIONS VETERANS ASSOCIATION

Cumann Seansaighdiúirí Éireannach na Náisiún Aontaithe

HQ Arbour House, Mount Temple Rd, Dublin 7, Republic of Ireland

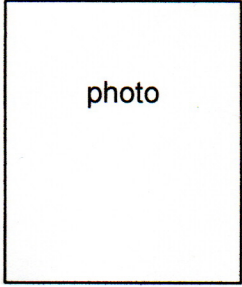
VF 1

ID No

MEMBERSHIP APPLICATION FORM

Part 1 Personal /Service Details

Last Name _____ First Name _____ Nationality _____
 Address _____
 DOB _____ Next of Kin _____
 e-mail _____ Phone/Mobile _____
 Service No _____ If retired, last unit served _____ Date discharged _____



Serving: **Retired:** Have you previously been a member of IUNVA (if yes) Post No **Yes / No**

If YES please give details of and reason for leaving: _____

OVERSEAS UNITS SERVED

Have you ever been convicted of a criminal offence: YES / NO. If YES, give details: _____

Part 2 Application

I wish to apply for membership of the Irish United Nations Veterans Association (IUNVA) Post No:
 If accepted I agree to be bound by the Rules of the Association and the Post. I understand if I contravene these Rules, I may be reprimanded, suspended or expelled. I agree to purchase IUNVA uniform. **I consent to the data on this form being inserted in IUNVA Data Base Register.**
This completed form along with membership subscription (€24) and a Post fee (€) should be returned to the Treasurer of your chosen Post, you are also required to furnish a Digital Photograph before the application process can be completed.*

* unless payment from Payroll/Pension

Signature of Applicant _____ Date _____

Signature of Proposer _____ Date _____

Association Standing Orders Rule 4 – Membership states that an Applicant must have a Proposer who must be a member of IUNVA to sign the Application Form.

Part 3 Payment

Defence Forces Pension

If you are retired and in receipt of a Defence Forces Pension, you may pay your annual membership subscription of €24 having €2 per month stopped at source. Please sign below;
 I hereby consent to the deduction of €2.00 per month from my Pension to IUNVA. I accept that any queries in relation to deduction are matter between myself and IUNVA. And I may cancel the deductions at any time. **Deductions Paid are non refundable.**

Name _____ Address _____

Pension No _____ Date _____ Signature _____

Serving Personnel

If you wish to pay your annual membership subscription of €24 by making payment through Payroll €2 per month stopped at source. Please sign below;
 I hereby consent to the deduction of €2.00 per month from my Pay to IUNVA. I accept that any queries in relation to deduction are matter between myself and IUNVA. And I may cancel the deductions at any time. **Deductions Paid are non refundable.**

Name _____ Rank _____ Service No _____ Unit _____

Unit Code _____ Date _____ Signature _____

Address _____

Part 4 Processing

Checked and Certified by _____ Date _____

Secretary Post ()

Application Processed by _____ Accepted Yes No Date _____

National Development Officer ()