



# IRISH UNITED NATIONS VETERANS ASSOCIATION

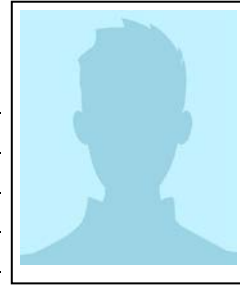
Cumann Seansaighthóirí Éireannach na Náisiún Aontaithe

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 \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Next of Kin \_\_\_\_\_  
e-mail \_\_\_\_\_ Phone/Mobile \_\_\_\_\_  
Service No \_\_\_\_\_ If retired, last unit served \_\_\_\_\_ Date Discharged \_\_\_\_\_

**Serving**  **Retired**  Are you a member or a lapsed member of another Post within IUNVA? **Yes / No**

If yes please give details of Post and reason for leaving. \_\_\_\_\_

### OVERSEAS UNITS SERVED


(use block letters)

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, including the purchasing and wearing of IUNVA uniform.

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 Proposer who must be a member of IUNVA

I consent to the data on this form being inserted into IUNVA database

### 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 € 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.

Name \_\_\_\_\_ Address \_\_\_\_\_

Pension No \_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_

#### Serving Personnel

If you wish to pay your annual membership subscription of €24 by making payment through Payroll € 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.

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 ( )