

Associate Membership

JOIN TODAY



Please complete the relevant parts of the form

Contact Information

First Name _____ **Last Name** _____

Address _____

_____ **Tel No:** _____
Mobile _____

Membership Type (please tick one)

Retired Principal €50 Retired Deputy Principal €50
Seconded Principal €100 Seconded Deputy Principal €100

Preferred Email _____
Please print clearly

Roll Number of your last school (if applicable) _____

If you are retired, please provide your retirement date _____/_____/_____

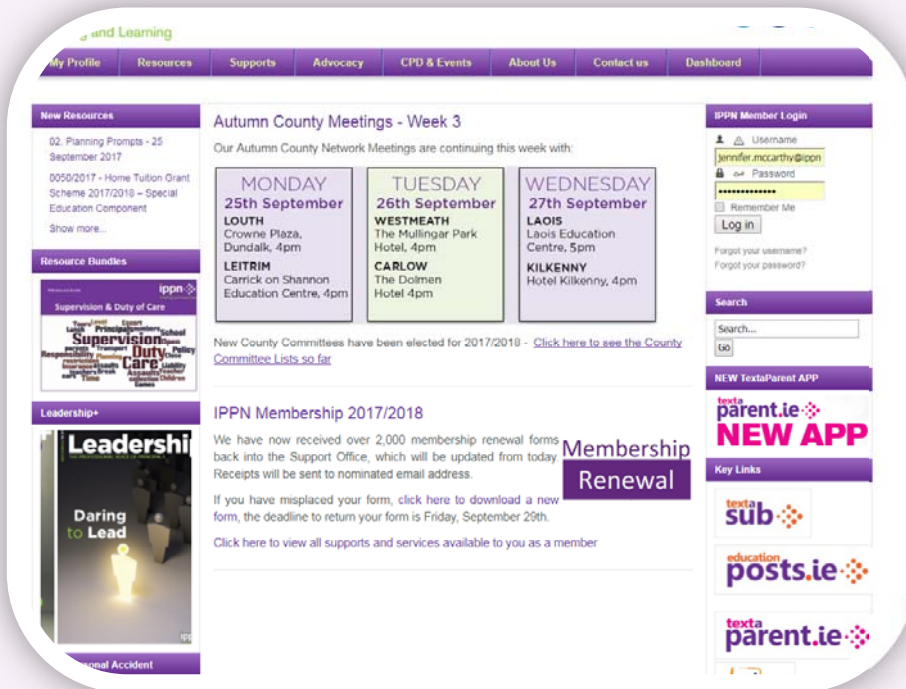
Member Benefits

www.ippn.ie	Professional Development	Publications/Communications
Principal Advice X	Principals' Conference ✓	Leadership+ ✓
Resources X	Deputy Principals' Conference ✓	PIMS X
Supports ✓	Online Training Courses ✓	E-scéal ✓
Advocacy ✓	Seminars ✓	IPPN Research Publications ✓
Events ✓		SMS Alerts* ✓
Group Mailing Lists X		

Terms & Conditions

- Associate membership of IPPN runs from 1st September 2017 to 31st August 2018
- Those who take out IPPN Associate Membership at any stage during this period will receive back issues of all publications issued by IPPN from 1st September 2017
- Please return completed application form and appropriate fee to IPPN National Support Office, Glounthaune, Co Cork
- Direct Debit option is available for your convenience—please see overleaf
- Receipts will be issued to the email address provided on form

Associate Membership JOIN TODAY



SEPA Direct Debit Mandate

Unique Mandate Reference

Unique Mandate Reference (UMR) to be completed by Irish Primary Principals' Network

Creditor Identifier: IE 44 SDD 305954

Type of Payment

Recurrent Payment

One off Payment

Creditor's Name: Irish Primary Principals' Network

Creditor's Address: Glounthaune, Co Cork, Ireland

By signing this mandate form, you authorize (A) Irish Primary Principals' Network to send instructions to your bank to debit your account and (B) your bank to debit your account in accordance with the instructions from Irish Primary Principals' Network.

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 fields marked with *

*Debtor Name

Debtor Address

City

*IBAN

*BIC

*Signature:

Date

*Signature:

Date

Note: Your rights regarding the above mandate are explained in a statement that you can obtain from your bank. Please return this mandate to: IPPN Support Office, Glounthaune, Co Cork