



**Station House, The Waterways  
Sallins, Co. Kildare  
Tel: 045 852300  
Email@ [info@pna.ie](mailto:info@pna.ie)**

**Our aims and objectives are:**

- ✦ To promote and protect the interests of our members and in particular to provide professional and industrial leadership for the statutory pre-hospital profession.
- ✦ To improve statutory rights and benefits of members with improved salaries and conditions of work through to representing members in relation to work matters.
- ✦ To improve career progression and the personal development of our members.
- ✦ To ensure a healthy and safe workplace for our members.

**MEMBERSHIP APPLICATION FORM**

NAME: \_\_\_\_\_  
 POSTAL ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_  
 EMAIL: \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

GRADE: PARAMEDIC  ADVANCED PARAMEDIC  EMC  EMT   
 SUPERVISOR  STUDENT

TEL NO: \_\_\_\_\_ PHONE : \_\_\_\_\_  
 PAYROLL NO: \_\_\_\_\_ WORK LOCATION: \_\_\_\_\_

**SIGNED:** \_\_\_\_\_

**Please return fully completed Application Form (as omissions may lead to delay in processing) together with signed Mandate to: PNA, Station House, The Waterways, Sallins, Co. Kildare (Signed mandate will be forwarded by Head Office to the relevant financial authority)**

SEPA STANDING ORDER MANDATE - PNA



To: The Manager \_\_\_\_\_  
 (NAME OF BANK BUILDING SOCIETY) (BANK ADDRESS)

\_\_\_\_\_  
 (NAME OF ACCOUNT TO BE DEBITED)

\_\_\_\_\_  
 (BANK ACCOUNT HOLDER IBAN)

\_\_\_\_\_  
 (BANK ACCOUNT HOLDER BIC)

I authorise you to deduct this amount until further notice and with effect from \_\_\_\_\_ (enter date)

\_\_\_\_\_  
 (Name of Payee: Reference to appear on beneficiary 'statement)

- To deduct from my account the sum of €26.67 per Calendar Month
- To deduct from my account the sum of €73.86 Quarterly
- To deduct from my account the sum of €320 Yearly

In respect of Union Subscriptions and remit this amount to the Psychiatric Nurses Association:  
**IBAN: IE 24 BOFI 9005 7868 5883 22 BIC: BOFIE2D**  
**Bank of Ireland Castlebar.**

I accept that there may be periodic adjustments to the above level of contribution as determined by the National Executive of the P.N.A. and I also accept that these adjustments may be notified directly to my Bank/Building Society by the Head Office of the P.N.A. I also understand that advance notice of any change in subscriptions will issue through a General Circular and that individual advance notices will not be issued.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_