







**Station House
The Waterways
Sallins,
Co. Kildare
Tel: 045 852300**

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 ☐

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 € 23.83 per Calendar Month ☐

To deduct from my account the sum of € 71.50 Quarterly ☐

To deduct from my account the sum of € 286.00 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: _____