

IRISH TIMBER GROWERS ASSOCIATION

17 Castle Street, Dalkey, Co. Dublin
Tel: +353-1-2350520 Fax: +353-1-2350416
Email: itga@eircom.net
www.itga.ie

Corporate Membership Application Form

Company Name (block letters):.....

Contact Person:.....

Address:.....
.....
.....

No. of Employees:.....

Phone:

Mobile Phone (For text alerts):.....

Fax:

Email (To receive notice of events):.....

Subscription Amount: **Exclusive** of VAT @ 23%

Guideline subscription amounts below, please contact Secretariat for a quote for your company.

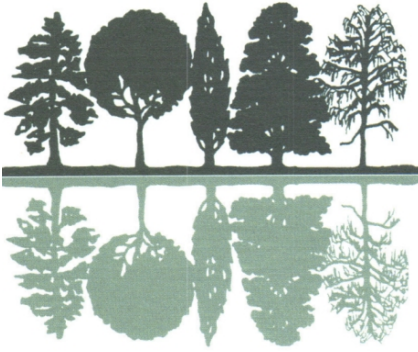
No. of Foresters Employed	Cost
Sole Practitioner	€115 +VAT
2 Foresters	€170 +VAT

Charge for each additional forester is €50+VAT

PAYMENT METHOD:

1. Cheque: enclosed cheque for €..... OR
2. Credit Transfer: ITGA Bank Account Details: Bank of Ireland, College Green, Dublin 2
Bank Sorting Code: 90 00 17 Account No. 20665747
BIC: BOFIE2D IBAN: IE22 BOFI 9000 1720 6657 47 OR
Please quote your name on any Credit Transfer payments
3. Direct Debit - Please sign the SEPA Direct Debit mandate **attached to this form.**

Please return all forms to: ITGA Secretariat, 17 Castle Street, Dalkey, Co. Dublin



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SEPA Direct Debit Mandate

<i>Unique Mandate Reference</i> (UMR) <small>(For Office Use Only)</small>	
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By signing this mandate form, you authorise (A) **The Irish Timber Growers Association** to send instructions to your bank to debit your account and (B) your bank to debit your account in accordance with the instruction from **The Irish Timber Growers Association**.

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 you account was debited. Your rights are explained in a statement that you can obtain from your bank.

Please complete all the fields marked *.

Creditor's Identifier	IE19ZZZ300390
Creditor's name	Irish Timber Growers Association Ltd.
Creditor's address	17 Castle Street, Dalkey, Co. Dublin, Ireland

Type of payment : Recurrent payment

Your name *	
Your address *	
City/Postal Code*	
County *	
Country *	

Account number – IBAN *	
Swift bank identifier code – BIC *	

Signature(s) *(Please sign and date below)*

Signature (s) *	Date *
Signature (s)	Date:

Please complete and sign the above and return to:

Irish Timber Growers Association, 17 Castle Street, Dalkey, Co. Dublin, Ireland