

IRISH TIMBER GROWERS ASSOCIATION

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

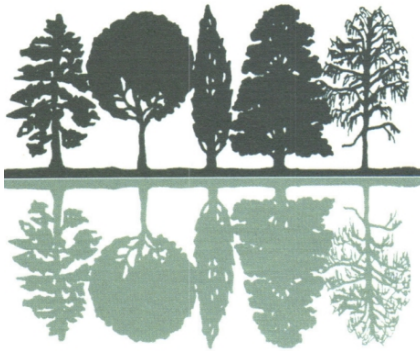
PAYMENT METHOD:

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.**

ITGA may periodically circulate members by email with information on forestry events organised by other organisations.

Tick Here if you do not wish to receive email notifications about Third Party events.

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