



Irish Association of Social Workers  
Cumann na hÉireann um Oibríthe Sóisialta

## RENEWAL OF MEMBERSHIP/UPDATE OF INFORMATION FORM (January 1<sup>st</sup> – December 31<sup>st</sup> 2010)

### Personal Details

<b>Surname:</b>	<b>Postal Address</b>	
<b>First Name:</b>		
<b>Middle Name:</b>		
<b>Employing Agency &amp; Area of Work</b>		
<b>Mobile</b>	<b>Tel. (Home)</b>	<b>Tel. (Work)</b>
<b>Email address</b> <i>Please indicate if you are happy to receive publications, promotional materials, newsletters, etc. via email (pls tick box) <input type="checkbox"/></i>		

### Special Interest Groups

**Please indicate the area of interest that best represents your area of work (tick one only):**

- Ageing (SIGA)**
- Social Workers in Adoption & Foster Care**
- Child and Adolescent Mental Health (CAMHS)**
- Children & Family Social Workers**
- Social Workers in Disability (SWID)**
- Adult Mental Health and Later Life Psychiatry (SWAMH)**
- Primary Care**
- Southern Region (Generic Group covering Cork and Kerry)**
- Social Workers in Foster Care**
- Other (please specify) -**

### Fee Details (please tick fee that applies to you)

Category	Fee€	Tick	Category	Fee€	Tick	Category	Fee€	Tick
Member Full	180		Associate	100		Retired	50	
Member Full DD	170		Overseas	65		Social Work Students	25	
Part-time (below 20hrs)	110		Non-working	60		1st-Yr-post-Qualify	60	
						2 <sup>nd</sup> -Yr-post-Qualify	110	

### Method of Payment

For those paying by cheque, cash or credit card, the fee must be paid by 31 March 2010.

Direct Debit (DD)  Cheque  Cash  Credit Card

**Cheque Payment Details (please make cheque payable to Irish Association of Social Workers)**

Please write cheque no: \_\_\_\_\_

**Credit Card Payment Details Please complete card details**

Name on Card: \_\_\_\_\_

Signature: \_\_\_\_\_

Master Card or Visa: \_\_\_\_\_

Credit Card Number: □□□□ □□□□ □□□□ □□□□

Expiry Date: □□/□□

114-116 Pearse St, Room 7, Dublin 2, Ireland

Tel: +353-(0)1-6774838

Email: [office@iasw.ie](mailto:office@iasw.ie)

Website: [www.iasw.ie](http://www.iasw.ie)

Representing Social Work in Ireland since 1971

A Member of the International Federation of Social Workers

**Direct Debit Payment Form**

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**N.B. This instruction is only for those NOT paying by Direct Debit at present**  
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**Please complete parts 1 to 5 to instruct your bank to make payments directly from your account and then return form to IASW. NB. Signature must be posted.**

**Irish Association of Social Workers  
114-116 Pearse Street, Room 7, Dublin 2**

**IASW Identification Number: 300512  
Reference IASW Membership Fees**

**1. Please write the name and full postal address of your bank and branch.**

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**2. Name of Account Holder:**

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**3. Sort Code:**

**4. Account Number:**

**Banks may refuse to accept instructions to pay direct debits from some types of account.**

**5. Your instructions to the bank and signature:**

- **Please cancel all previous standing orders in favour of the IASW.**
- **I instruct you to pay direct debits from my account at the request of IASW**  
**Quarterly  Half Yearly  Annually**
- **The amounts are variable and may be debited on various dates.**
- **I understand that the IASW may change the amounts and dates only by prior notice.**
- **I will inform the Bank in writing if I wish to cancel this instruction.**
- **I understand that if any Direct Debit is paid which breaks the terms of this instruction the Bank will make a refund.**

**Signature(s):** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Note: Membership financial year is from 1 January to 31 December. Renewal payments after 31 March incur a €25 admin charge. Membership after 30 June costs half-yearly fee if paying by cheque, cash or credit card. Students must pay full rate for financial year.**

**Office Use Only**

<b>Database</b>	
<b>Payment Method (please specify)</b>	
<b>Ethics &amp; Principles</b>	
<b>NSWQB</b>	
<b>Accepted</b>	
<b>Welcome Pack</b>	
<b>SIG Database</b>	