



ALUMNI RELATIONS



MEMBERSHIP FORM

2010/2011

Personal Details

UCD STUDENT NUMBER (if known) _____

TITLE _____

FIRST & MIDDLE NAMES _____

LAST NAME _____

NÉE _____

HOME ADDRESS _____

CITY _____

COUNTY _____

POSTCODE _____

COUNTRY _____

TELEPHONE _____

FAX _____

EMAIL _____

DATE OF BIRTH _____

Employment Details

COMPANY NAME _____

POSITION _____

BUSINESS ADDRESS _____

CITY _____

COUNTY _____

POSTCODE _____

COUNTRY _____

TELEPHONE _____

FAX _____

EMAIL _____

WEBSITE _____



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MEMBERSHIP FORM 10/11

If you wish to pay your membership annually by Direct Debit, please complete this form and return it with the completed membership form to:

UCD Alumni Association
Room 102 Tierney Building
Belfield
Dublin 4

ORIGINATOR
NUMBER

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ACCOUNT NAME _____

BANK SORT CODE _____

ACCOUNT NUMBER _____

BANK NAME & ADDRESS (IN FULL) _____

- > I instruct you to pay Direct Debits from my account at the request of UCD Alumni Association.
- > 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.
- > I understand that the UCD Alumni Association may change the amounts and dates only after giving me prior notice.
- > The amounts are variable and are to be debited on various dates.

SIGNATURE

DATE

THE BANK DETAILS OF THE APPLICANT WILL BE SUBMITTED TO THE RELEVANT BANK. THE CONTENTS OF THE MEMBERSHIP FORM WILL NOT BE DISCLOSED.