

ACBI Membership Application Form

The annual subscription falls due on January 1st. Please complete the form and remit the appropriate payment

Name (block letters) Prof/Dr/Mr/Ms _____

Employment Address _____

Mailing Address (if different) _____

Qualifications with dates, college and subjects _____

Current Post & Grade
Please Tick Permanent Temporary

Tel.No _____ Fax _____ E-mail _____

I wish to apply for admission to Ordinary/Associate* Membership of the ACBI (*delete as appropriate).

Name _____ Signed _____ Date _____

Proposer _____ Signed _____ Date _____

Seconder _____ Signed _____ Date _____

(Proposer and seconder must be members of the ACBI in good standing)

Ordinary Membership Rates: Senior & Basic Grade Biochemists €60
Principal Grades, Consultants & Registrars €70
Other Applicants €60
Associate Membership Rate : Associate members €40

Method of Payment: Please tick as appropriate:
 Cheque Bank Draft Credit Card

Payable to: **Association of Clinical Biochemists in Ireland**

Credit Card: Visa Access Mastercard

Card number: - - - Expiry: /

3 Digit Security Code from reverse of Card:

Name on card: _____

Address to which statements are issued: _____

Signature: _____ Date: _____

Please return completed form with the appropriate payment to: Dr. Ophelia Blake, Hon. Treasurer, ACBI, Department of Biochemistry, St. James's Hospital, Dublin 8