

IPPN Associate Membership



JOIN TODAY



Member Benefits

www.ippn.ie		Professional Development		Publications/Communications	
Principal Advice	X	Principals' Conference	✓	Leadership+	✓
Resources	✓	Deputy Principals' Conference	✓	PIMS	X
Supports	✓	Online Training Courses	✓	E-scéal	✓
Advocacy	✓	Seminars	✓	IPPN Research Publications	✓
Events	✓			SMS Alerts*	✓
Group Mailing Lists	X				

- Associate membership of IPPN runs from 1st September 2014 to 31st August 2015
- Those who take out IPPN Associate Membership at any stage during this period will receive back issues of all publications issued by IPPN from 1st September 2014
- Please return completed application form and appropriate fee to IPPN National Support Office, Glounthaune, Co Cork
- A Direct Debit option is available for your convenience—please see overleaf
- Receipts will be issued to the email address provided on form

IPPN Associate Membership 2014/2015



Contact Details

First name _____ Last Name _____

Job Title _____ Tel No. _____

Organisation _____ Mobile No. _____

Postal Address _____

Preferred Email _____ Please print clearly

Membership Type (please tick one)	Retired Principal/Deputy Principal € 50 <input type="checkbox"/>	International Principal € 100 <input type="checkbox"/>	Seconded Principal €100 <input type="checkbox"/>
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Roll Number of your last school (if applicable)						
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SEPA Direct Debit Mandate

Unique Mandate Reference

Unique Mandate Reference (UMR) to be completed by Irish Primary Principals' Network

Creditor Identifier: IE 44 SDD 305954 Type of Payment Recurrent Payment One off Payment

Creditor's Name: Irish Primary Principals' Network Creditor's Address: Glounthaune, Co Cork, Ireland

By signing this mandate form, you authorize (A) Irish Primary Principals' Network to send instructions to your bank to debit your account and (B) your bank to debit your account in accordance with the instructions from Irish Primary Principals' Network. 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 your account was debited.

Please complete all fields marked with *

*Debtor Name _____

Debtor Address _____

City _____

*Debtor Account Number – IBAN _____

*Debtor Bank Identifier Code – BIC _____

*Signature: _____ Date _____

*Signature: _____ Date _____

Note: Your rights regarding the above mandate are explained in a statement that you can obtain from your bank. Please return this mandate to: IPPN Support Office, Glounthaune, Co Cork