

Professional Embalmers' Association of Ireland



APPLICATION FOR ASSOCIATE MEMBERSHIP

Please use block letters and do not leave any space blank.

APPLICANT DETAILS

Company/Organisation: _____

Postal Address: _____

Telephone: _____ Mobile: _____

Email: _____ Website: _____

Contact Person: _____

Position: _____ Email: _____

Postal Address: _____

Telephone: _____ Mobile: _____

COMPANY/ORGANISATION DETAILS

Please provide a brief summary of the background or profile of the company/organisation. Please enclose all supporting documents (e.g. Code of Ethics, Constitution, Rules and Regulations, etc.)

PROFESSIONAL MEMBERSHIPS/ASSOCIATIONS

1. _____

2. _____

3. _____

4. _____

DECLARATION

I, _____, representing _____
_____ hereby declare that all of the above
information is true and therefore apply to be admitted as Associate Member of the Professional
Embalmers Association of Ireland and agree to observe the Rules and Regulations and Code of
Ethics of the Association.

Printed Name and Signature: _____

Date: _____

Witnessed by: *(Please print name and Signature)* _____

Position: _____

Date: _____

FOR OFFICE USE ONLY

Received by: _____

Date: _____

Documents Submitted: _____

Payment Received: _____ Membership No: _____