

APPLICATION FOR MEMBERSHIPFull Membership Student Membership

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

APPLICANT DETAILS

Surname: _____

Given Names: _____

Postal Address: _____

Email: _____ Date of Birth: _____

Telephone: _____ Mobile: _____

EMPLOYMENT DETAILS

Current or Most Recent Employer: _____

Address: _____

Position: _____

Telephone: _____ Email: _____

PREVIOUS EMPLOYERS: (Name and Address)

1. _____

2. _____

3. _____

EDUCATIONAL QUALIFICATIONS

Degree/Qualification: _____

School/Course Provider: _____

Address: _____

Date Attended: _____

RELEVANT TRAINING/S

1. Qualification: _____

Course Provider: _____

Address: _____

Finish Date: _____

2. Qualification: _____

Course Provider: _____

Address: _____

Finish Date: _____

PROFESSIONAL MEMBERSHIPS/ASSOCIATIONS

1. _____

2. _____

DECLARATION

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

Name and Signature

Date

FOR OFFICE USE ONLY

Received by: _____

Date: _____

Documents Submitted: _____

Payment Received: _____ Membership No: _____