

Yes! I want to join the Inland Waterways Association of Ireland

Full Name _____

Full Name _____

(FOR FAMILY MEMBERSHIPS ONLY)

Address _____

Eircode/Postcode: _____

Tel: _____ Mobile: _____

Email: _____

Branch you wish to join (PLEASE TICK ONE):

- | | |
|---|--|
| <input type="checkbox"/> Athlone | <input type="checkbox"/> Lough Derg |
| <input type="checkbox"/> Barrow | <input type="checkbox"/> Lough Erne |
| <input type="checkbox"/> Belturbet | <input type="checkbox"/> North Barrow |
| <input type="checkbox"/> Blackwater | <input type="checkbox"/> Newry |
| <input type="checkbox"/> Boyle River | <input type="checkbox"/> Offaly |
| <input type="checkbox"/> Boyne Navigation | <input type="checkbox"/> River Bann & L. Neagh |
| <input type="checkbox"/> Carrick-on-Shannon | <input type="checkbox"/> Royal Canal |
| <input type="checkbox"/> Coalisland | <input type="checkbox"/> Powerboat |
| <input type="checkbox"/> Corrib | <input type="checkbox"/> Shannon Harbour |
| <input type="checkbox"/> Cruising Club | <input type="checkbox"/> Slaney |
| <input type="checkbox"/> Dublin | <input type="checkbox"/> Ulster Canal |
| <input type="checkbox"/> Lagan | |

Could you help us run IWAI? Yes No

Subscription:

- | | | | | | |
|-----------------|-----|--------------------------|----------------|-----|--------------------------|
| Rol Family | €55 | <input type="checkbox"/> | NI Family | £36 | <input type="checkbox"/> |
| Rol Single | €44 | <input type="checkbox"/> | NI Single | £33 | <input type="checkbox"/> |
| Rol Young Adult | €22 | <input type="checkbox"/> | NI Young Adult | £17 | <input type="checkbox"/> |

Signature: _____

By signing this form I agree to receive e-mail and SMS text messages from IWAI regarding my membership of IWAI and Association matters. IWAI will only use your data for the purpose for which it was collected. Your data will not be reused for secondary purposes without notifying you.

SEPA Direct Debit Mandate

Unique Mandate Reference _____

Unique Mandate Reference (UMR) – to be completed by Inland Waterways Association of Ireland



By signing this mandate form, you authorise (A) THE INLAND WATERWAYS ASSOCIATION OF IRELAND to send instructions to your bank to debit your account and (B) your bank to debit your account in accordance with the instructions from THE INLAND WATERWAYS ASSOCIATION OF IRELAND.

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. Your rights are explained in a statement that you can obtain from your bank.

Please complete all the fields marked *

Creditor's name | I | N | L | A | N | D | | W | A | T | E | R | W | A | Y | S | |

| A | S | S | O | C | I | A | T | I | O | N | | O | F | | I | R | E | L | A | N | D |

Creditor identifier | I | E | 4 | 1 | S | D | D | 3 | 0 | 3 | 4 | 8 | 6 | | | | | | | | | |

Creditor Address | 8 | 2 | | C | A | R | N | D | O | N | A | G | H | | R | O | A | D | | | | | |

City | D | O | N | A | G | H | M | E | D | E | | | | | | | | | | | | | |

Post Code | D | U | B | L | I | N | | 1 | 3 | | | | | | | | | | | | | |

Country | I | R | E | L | A | N | D | | | | | | | | | | | | | | | | |

Type of payment * Recurrent payment or One-off payment

Debtor Name * | | | | | | | | | | | | | | | | | | | | | |

Debtor Address | | | | | | | | | | | | | | | | | | | | | |

City | | | | | | | | | | | | | | | | | | | | | |

Post Code | | | | | | | | | | | | | | | | | | | | | |

Country | | | | | | | | | | | | | | | | | | | | | |

Debtor account number—IBAN * | | | | | | | | | | | | | | | | | | | | | |

Debtor bank identifier code—BIC * | | | | | | | | | | | | | | | | | | | | | |

Date of signature * | D | D | M | M | Y | Y | | | | | | | | | | | | | | | |

Signature(s) * _____

Please sign here *