I wish to **join** Age Actionand enclose €………..…membership fee, plus €……..… voluntary donation payable to Age Action Ireland CLG.

**Full Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(*Block capitals please*)

**Organisation Name (***if applicable***):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Tel:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(*Block capitals please*)

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# FEES

🞐 €20 Individual – retired/unwaged

🞐 €40 Individual – employed

🞐 €60 Voluntary Body

🞐 €200 Statutory Agency

## Please return to:

## Membership Development

## Age Action Ireland CLG

## 30/31 Lower Camden St, Dublin 2

**Email:** membership@ageaction.ie

**Tel:** (01) 4756989

#### WAYS TO PAY YOUR MEMBERSHIP - We have a range of payment options to help make life easy for you. Simply choose the option that suits you best.

**ONLINE** – visit our website [www.ageaction.ie](http://www.ageaction.ie) and click on ‘pay membership’

**CHEQUE** –send your cheque made payable to Age Action Ireland CLG

**CASH** –visit our offices at 30/31 Lower Camden St, Dublin 2

**CREDIT CARD** – online (as above) or contact us at: 01 4756989

**Please Note:** Due to the recent Strong Customer Authentication (SCA) requirement changes, all online payments made by credit or debit card including payments over the phone require authentication via a mobile banking app or through an alternative authentication method provided by your bank. Your bank will be able to outline the process and any alternatives if you do not have a mobile banking app

**ELECTRONIC TRANSFER/LODGEMENT**– BIC : IPBSIE2D

IBAN: IE82 IPBS 9906 2587 7790 21

**DIRECT DEBIT –** contact us for a mandate form

Under the new GDPR regulations (2018), we require your permission to record your details. We will not share personal information outside of Age Action without your permission and we will delete personal information after two years from the last time YOU contact us. Please tick the following as appropriate so we can process your application.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **I consent to my details being recorded:** | **Yes:** |  | **No:** |  |

**Please contact me by:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **By phone:** |  | **By Email:** |  | **Either:** |  |