



Membership Renewal Form - 2017

PLEASE COMPLETE IN FULL AND RETURN TO UPDATE YOUR RECORD

Name..... Membership No:

Date of Birth: Choice of Correspondence Address:

.....Contact Telephone Number:

Hospital:

Department/Discipline:Email address.....

	Annual Fees	Standing Order
Fellow of the Academy	€ 200.00	16.67
Member of the Academy	€ 150.00	12.50
Associate Membership: <i>Including CPD Participation</i>	€ 150.00	n/a
Associate Membership: <i>Excluding CPD Participation</i>	€ 50.00	n/a
Non Practicing/Retired/Lecturer	€ 50.00	n/a

1. Cheque Annual Fee: Payable to: ACSLM or Academy of Clinical Science & Laboratory Medicine and return completed form. Access to CPD programme will be activated.

2. Card Annual fee: Return completed form by email or post quoting card details. Access to CPD programme will be activated

3. Bank Transfer Annual Fee/Standing Order: Submit to your bank (quote reference), **PLEASE** return form to us indicating your payment method. Access to CPD programme will be activated. Please quote your initials & membership number on bank payments (**example XX 1234**) as incorrect or omitted numbers will not be allocated and your membership will hold overdue or lapsed status.

**Bank of Ireland, 88 Lr. Camden Street Dublin 2: Sort Code 90-01-13 Account No: 21300491.
IBAN: IE44 BOFI 9001 1321 3004 91 BIC: BOFIE2D**

Card Type:Membership Fee: **€50 €150 €200.** Please circle amount

Card No Expiry Date:/..... CVV

Signature Date:

**The Academy of Clinical Science and Laboratory Medicine
31 Old Kilmainham, Dublin 8. Telephone 01-9059730 Fax 902 2764
www.acslm.ie; mail@acslm.ie jcarey@acslm.ie
VAT: IE 3331934F: Charity Tax Exempt Number: CHY7400**

*******How are you paying for your membership - please circle*******

Cheque / card / check off / standing order / bank transfer
(The academy does not offer a direct debit facility)