

## MEMBER RE-REGISTRATION

### 1. PERSONAL DETAILS

NAME: ..... MEMBERSHIP NO: .....

ADDRESS: .....

TELEPHONE NO: ..... EMAIL: .....

DATE OF BIRTH:

### 2. EMPLOYMENT DETAILS

COMPANY NAME: .....

ADDRESS: .....

TELEPHONE NO: ..... EMAIL: .....

YOUR JOB TITLE: .....

HEAD OF FINANCE: ..... EMAIL: .....

**IF STUDYING FOR A FURTHER QUALIFICATION PLEASE INDICATE:**

.....

### 3. PAYMENT DETAILS

**I enclose Postal Order/Bank Draft/Cheque made payable to Accounting Technicians Ireland for the amount of: €..... Stg£.....**

	<b>Euro€</b>	<b>Stg£</b>
<b>Re-registration Fee</b>	<b>160.00</b>	<b>145.00</b>

### PAYMENT BY CARD

I wish to pay by:

VISA    MasterCard    Laser    Delta    Maestro    Electron    Switch/SOLO

**CARD NUMBER:**

**Credit card CVV No:**

**EXPIRY DATE:**     /

**CARDHOLDER'S SIGNATURE:** \_\_\_\_\_

***Please note that all credit card transactions are subject to a €4.50/£4.00 handling charge. There is no charge for the use of non-Visa debit cards.***

***Please return to Accounting Technicians Ireland, 47-49 Pearse Street, Dublin 2.***