

AFFILIATE RE-REGISTRATION

1. PERSONAL DETAILS

NAME: REGISTRATION NO:

ADDRESS:

TELEPHONE NO: EMAIL:

DATE OF BIRTH:

2. EMPLOYMENT DETAILS

COMPANY NAME:

ADDRESS:

TELEPHONE NO: EMAIL:

YOUR JOB TITLE:

NAME OF MANAGER: EMAIL:

3. PAYMENT DETAILS

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

	Euro€	Stg£
Re-registration Fee	110.00	95.00

PAYMENT BY CARD

I wish to pay by:

VISA VISA Debit 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 debit cards.*

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