

**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: .....

**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£.....

	<i>Euro€</i>	<i>Stg£</i>
Re-registration Fee.....	160.00	140.00
Annual Subscription 2011/2012.....	Nil	Nil

**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.*