



# IRISH UNITED NATIONS VETERANS ASSOCIATION

Cumann Seansaighdiúirí Éireannach na Náisiún Aontaithe

HQ Arbour House, Mount Temple Rd, Dublin 7, Republic of Ireland

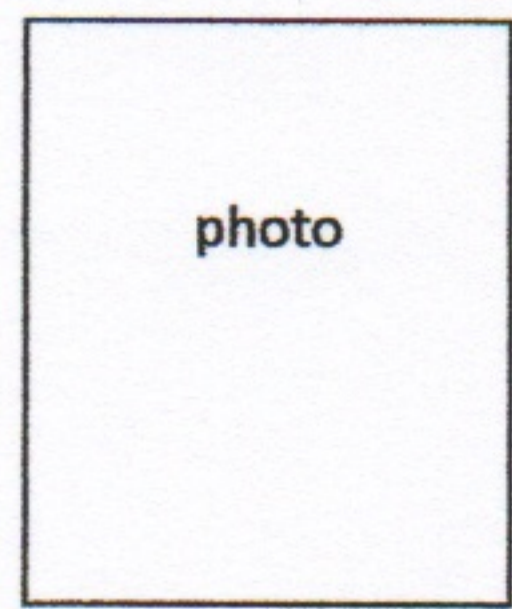
VF 1

ID No

## MEMBERSHIP APPLICATION FORM

### Part 1 Personal /Service Details

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Nationality \_\_\_\_\_  
 Address \_\_\_\_\_  
 DOB \_\_\_\_\_ Next of Kin \_\_\_\_\_  
 e-mail \_\_\_\_\_ Phone/Mobile \_\_\_\_\_  
 Service No \_\_\_\_\_ If retired, last unit served \_\_\_\_\_ Date discharged \_\_\_\_\_



**Serving:**  **Retired:**  **Yes / No**   
 Have you previously been a member of IUNVA (if yes) Post No \_\_\_\_\_

If YES please give details of and reason for leaving: \_\_\_\_\_

### OVERSEAS UNITS SERVED


Have you ever been convicted of a criminal offence: YES / NO. If YES, give details: \_\_\_\_\_

### Part 2 Application

I wish to apply for membership of the Irish United Nations Veterans Association (IUNVA) Post No:

If accepted I agree to be bound by the Rules of the Association and the Post. I understand if I contravene these Rules, I may be reprimanded, suspended or expelled. I agree to purchase IUNVA uniform. **I consent to the data on this form being inserted in IUNVA Data Base Register.**  
 This completed form along with membership subscription\* (€24) and a Post fee (€ ) should be returned to the Treasurer of your chosen Post, you are also required to furnish a Digital Photograph before the application process can be completed.

\* unless payment from Payroll/Pension

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_  
 Signature of Proposer \_\_\_\_\_ Date \_\_\_\_\_

Association Standing Orders Rule 4 – Membership states that an Applicant must have a Proposer who must be a member of IUNVA to sign the Application Form.

### Part 3 Payment

#### Defence Forces Pension

If you are retired and in receipt of a Defence Forces Pension, you may pay your annual membership subscription of €24 having €2 per month stopped at source. Please sign below;  
 I hereby consent to the deduction of €2.00 per month from my Pension to IUNVA. I accept that any queries in relation to deduction are matter etween myself and IUNVA. And I may cancel the deductions at any time.

Name \_\_\_\_\_ Address \_\_\_\_\_  
 Pension No \_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_

#### Serving Personnel

If you wish to pay your annual membership subscription of €24 by making payment through Payroll €2 per month stopped at source. Please sign below;  
 I hereby consent to the deduction of €2.00 per month from my Pay to IUNVA. I accept that any queries in relation to deduction are matter between myself and IUNVA. And I may cancel the deductions at any time.

Name \_\_\_\_\_ Rank \_\_\_\_\_ Service No \_\_\_\_\_ Unit \_\_\_\_\_  
 Unit Code \_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_  
 Address \_\_\_\_\_

### Part 4 Processing

Checked and Certified by \_\_\_\_\_ Date \_\_\_\_\_  
 Secretary Post ( )  
 Application Processed by \_\_\_\_\_ Accepted  Yes  No \_\_\_\_\_ Date \_\_\_\_\_  
 National Development Officer ( )