**Membership form**

**Please enrol me as : (tick as appropriate)**

X

Basic Member (€15) \*\*Associate Member (€25)

\*\*Supporting Member (€40 Individual/Family)

\*\*Sustaining Member (€75 Individual/Family)

\*\*Circle of Generosity (€108 Individual/Family)

Name:

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name(s) of any other person(s) included on this membership

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\* *Did you know that if you give a donation of €21 or more per month we can claim back the tax for that amount and your donation could increase by 69% - at no extra cost to you?*

* **- - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -**

TO THE MANAGER *Standing Order*

(*name of bank or financial institution) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*(branch address)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*(sort code – if known*) …. …. - …. …. - …. ….

**Please charge to my/our account and pay to**

**Bank of Ireland, 2 College Green, Dublin 2 BIC: BOFIIE2D**

**For credit of: Kagyu Buddhism Ireland IBAN : IE21 BOFI 9000 1711 6455 41**

The sum of € \_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_\_\_\_\_

*(in words):* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The first payment to be made on (*date*): ­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

And thereafter until further notice on the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ day of each succeeding month.

Name (*please print*): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Account No: …. …. …. …. …. …. …. ….

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Postal Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_