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IRISH UNITED NATIONS VETERANS ASSOCIATION

Cumann Seansaighthoirikí na nAisiun Aoncaíche

HQ Arbour House Mount Temple Rd Dublin 7 Republic of Ireland

ID No

MEMBERSHIP APPLICATION FORM

Please sign and return this completed application form for membership of IUNVA to the Hon Sec of the post you wish to join. Plus two passport photographs.

FIRST NAME/S _____ SURNAME _____
ADDRESS _____
Email _____
Phone _____ Mobile _____
Date of Birth _____ Next of Kin _____

Service No _____ If retired, last unit served _____ Date TOE _____
Current Status _____
If other please state _____

OVERSEAS UNITS SERVED

Are you a member or a lapsed member of another Post within IUNVA?

If yes please give details of Post and reason for leaving. _____

I wish to apply for membership of the Irish United Nations Veterans Association (IUNVA) If accepted I agree to be bound by the Rules of the Association.

I enclose my membership subscription of €24 payable to Irish United Nations Veterans Association (IUNVA)

Note This application cannot be processed without being accompanied by the two passport photographs.

Signature of applicant _____ Date _____

I enclose two passport size photographs (signed) with this application form

N.B. the Applicant must be recommended by a member of IUNVA: Name _____ Post _____

Please indicate which post you wish to join; _____ Application Processed by _____

DEFENCE FORCES PENSION

N.B. If you are retired and in receipt of a Defence Forces Pension, you may pay your annual membership subscription of €240

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 between myself and IUNVA. And I may cancel the deductions at any time

Name _____ Address _____ Pension No _____

Date _____ Signature _____

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SERVING PERSONNEL

N.B. If you are a serving member of the PDF, and wish to pay your annual membership subscription of €24 by making payment

through your pay/cheque €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 _____

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