

# MEMBERSHIP FORM – RETURN TO MAI (Unit 14, Block 5, Port Tunnel Business Park, Clonshaugh, D17)

## YOUR BANK DETAILS

**Membership is €36 minimum for adult members and €10 for student, oap or unemployed in the Republic of Ireland. For members in Northern Ireland membership costs £30 minimum and £10 for student, oap or unemployed.**

### Membership

Adult   
Student/OAP/Unemployed

### Area

Republic of Ireland   
Northern Ireland

### Payment Method

Standing Order  (recommended)  
Credit Card  Laser   
Cheque/draft  Postal Order

## YOUR PERSONAL DETAILS (These details will be used by the MAI only)

DATE: \_\_\_\_ / \_\_\_\_ / 200\_\_

TITLE \_\_\_\_\_ FIRST NAME \_\_\_\_\_ SURNAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

TEL NO. \_\_\_\_\_ MOBILE \_\_\_\_\_ E-MAIL \_\_\_\_\_

DATE OF BIRTH (Optional) \_\_\_\_\_

Tick here  if you would like to receive our *BrainStorm* newsletter

Tick here  if you would like to receive our e-mail newsletter '*Migra-zine*'. Please clearly write your e-mail address in the space provided above.

Tick here  if you would like to hear more about volunteering opportunities within the MAI

## CARD PAYMENTS

I wish to pay by: VISA  MASTERCARD  LASER   
And authorise you to debit my account with the sum of \_\_\_\_\_ (see minimum amounts listed above)

CARD NUMBER \_\_\_\_\_ EXPIRY DATE (mm/yy) \_\_\_\_\_

SIGNATURE(S) \_\_\_\_\_ DATE \_\_\_\_\_

## STANDING ORDER

To the manager of:

BANK \_\_\_\_\_ BRANCH \_\_\_\_\_ SORT CODE \_\_\_\_\_

ADDRESS \_\_\_\_\_

Please pay the following sum (on a monthly basis):

€3  €5  €7  €10  €15  €21 \* OTHER € \_\_\_\_\_

OR

Please pay the following sum (on a yearly basis):

€10  €36  €60  €84  €120  €180  €252 \* OTHER € \_\_\_\_\_

to the account of the Migraine Association of Ireland at AIB Bank, Arran Quay, Smithfield, Dublin 7, a/c no. 11350086, branch sort code 93-13-14. Starting on \_\_ / \_\_ / \_\_\*\* and to be paid on the corresponding date each month until further notice.

**Note to Bank: Please use the customers' name as narrative on bank statements**

NAME OF ACCOUNT HOLDER(S) \_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_

SIGNATURE(S) \_\_\_\_\_ DATE \_\_\_\_\_

\* This amount qualifies for tax relief.

\*\* Please leave this blank and we will complete before sending forms to bank