

PRIVATE & CONFIDENTIAL
Addiction Counsellors of Ireland

ASSOCIATE MEMBERSHIP APPLICATION FORM

To assist with your application please refer to Membership Criteria

PERSONAL DETAILS

Name _____

Membership No _____

Address _____

Contact No. _____

Email _____

Nature of Employment _____

Name of Training Course _____

I enclose a cheque / Postal Order for €50 Yes

We offer one-year free membership to first-year students enrolled in a recognised QQI Level 8 core training course in Addiction Counselling.

I understand & accept that I may not use or refer to my Associate Membership as a form of qualification Yes

Signed _____

Witness _____

Date ____ / ____ / ____