

PRIVATE & CONFIDENTIAL
Addiction Counsellors of Ireland

ASSOCIATE MEMBERSHIP RENEWAL APPLICATION

Name _____

Address _____

Contact Num _____

Email _____

Membership No _____

- Are you working towards Pre-Accredited Membership? Yes No
- I wish to renew my Associate Membership with the Addiction Counsellors of Ireland Yes
- I have read the Addiction Counsellors of Ireland's Code of Ethics for Counsellors, and I agree to adhere to its guidelines Yes No
- I have read the Addiction Counsellors of Ireland Constitution, and I agree to adhere to its guidelines Yes No
- I agree to receive emails from the Addiction Counsellors of Ireland, in accordance with the General Data Protection Regulation (GDPR). I understand that this consent is required to receive my Certificate, receipt, and general email updates from the organisation Yes

The €50.00 Associate Membership renewal fee is due by 31st July. Membership will lapse if not received by closing date. Payment to the Addiction Counsellors of Ireland - NOT ACI - can be made via cheque, postal order, or electronic payment.

Bank details for electronic payment:

Account Name	Addiction Counsellors of Ireland
Bank Name	AIB
Account Num	11143156
IBAN	IE93 AIBK 9321 7511 1431 56
BIC/SWIFT Code	AIBKIE2D
NCS	93 21 75

Associate Membership Renewal



IMPORTANT: Please include your name or Membership number on all electronic payments and retain the receipt for your records

Signed _____

Date ____ / ____ / ____

Associate Membership Renewal