

PRIVATE & CONFIDENTIAL
Addiction Counsellors of Ireland
ASSOCIATE MEMBERSHIP APPLICATION FORM

To assist with your application, please refer to the ACI Membership Criteria.
For further support, contact the ACI office at 01 797 9187 or info@addictioncounsellors.ie

PERSONAL DETAILS

Name _____

Membership No. (if renewing) _____

Address _____

Contact No. _____

Email _____

EMPLOYMENT / STUDY DETAILS

Current Role / Occupation _____

If you're enrolled in a recognised QQI Level 8 course in Addiction Studies or Addiction Counselling, please state:

Course Title _____

Institution _____

MEMBERSHIP TYPE & PAYMENT

Please select your membership type below and choose a payment method if applicable

Membership Type

- ☐ Standard Associate Membership, €50 per year
- ☐ Free Student Membership, eligible QQI Level 8 students (proof of enrolment may be required)

Payment Options for Standard Associate Membership (€50)

If paying online or by bank transfer, please use your name as the payment reference so we can match your payment to your application

- ☐ I enclose a Cheque / Postal Order made payable to Addiction Counsellors of Ireland
- ☐ I have made an online payment via www.addictioncounsellors.ie/payments
- ☐ I have paid by Bank Transfer (please include your name as the payment reference)

Bank Transfer Details

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

DECLARATION

- ☐ I understand that my Associate Membership is not a qualification or accreditation

Signed _____

Date ____ / ____ / ____