



# IPU ACADEMY MEMBERSHIP APPLICATION FORM

(for non IPU members)

Full Name of Applicant: \_\_\_\_\_

Full Postal Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Mobile Number: \_\_\_\_\_ If you would like to receive SMS text alerts please tick

PSI Registration Number: \_\_\_\_\_

Please indicate your category with an X in the appropriate box:

Community  Hospital  Industry  Academia  Regulatory

Other: please specify \_\_\_\_\_

IPU Academy Membership Fee: €150  
*Please note membership will expire on 31 December*

Payment can be made by cheque or by supplying your credit card details below.  
Please make cheques payable to IPU Services Ltd. and return with this form to the address below.

### Credit Card Details

Name of Cardholder: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiry Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return your completed application forms to:**

IPU Academy, Irish Pharmacy Union, Butterfield House, Butterfield Avenue, Rathfarnham, Dublin 14, D14 E126.

Tel: 01 406 1559 Fax: 01 493 6407 Email: [ipuacademy@ipu.ie](mailto:ipuacademy@ipu.ie)