



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: €155
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