

Royal Horticultural Society of Ireland

Cabinteely House, The Park, Cabinteely, Dublin 18.

Tel/Fax 01.235 3912

MEMBERSHIP SUBSCRIPTION (USE BLOCK CAPITALS PLEASE)

NAME (Please provide full names for joint members):

ADDRESS: _____

PLEASE TICK: **NEW:****RENEWAL:**.....

PHONE NO: _____ E-MAIL _____

DATE: _____ FOR OFFICE USE ONLY: _____

€35 as an Individual Dublin based Member (living within 30 miles from City Centre);

€50 as Joint Dublin based Members (any 2 members of the same household);

€25 as an Individual Country based Member (living beyond 30 miles from Dublin City Centre);

€30 as Joint Country based Members; (any 2 members of the same household);

€10 as a Student Member (please provide verification of participation in full-time education).

Please send me a gift membership to the person above (also tick which membership option you would like to gift).

Please note that Membership runs from the date of joining for one year

CHOOSE ONE OF OUR EASY PAYMENT METHODS

1 DIRECT DEBIT

Please complete parts **A** to **E** to instruct your bank to make payments directly from your account:

A. Name and full postal address of your bank and branch:

B. Name of account holder:

C. Name of RHSI Member(s):

D. Sort Code of your bank: |_|_| |_|_| |_|_|

E. Your Bank Account No. _____

Your instructions to the bank and signature:
I instruct you to pay annual direct debits from my account at the request of the Royal Horticultural Society of Ireland on or just after January 1st each year. I understand that the Royal Horticultural Society of Ireland may change the amount only after giving me prior notice.

I will inform my bank in writing if I wish to cancel this instruction. I understand that if any direct debit is paid which breaks the terms of this instruction, the bank will make a refund.

Date: _____

Signature: _____

2 CREDIT CARD PAYMENTS

I authorise RHSI to charge my (tick one)

Visa / Master Card

the sum of (circle one): €35 €50 €25 €30 €10

Credit card number

|_|_|_|_| |_|_|_|_|_| |_|_|_|_|_| |_|_|_|_|_|

Expiry Date |_|_| |_|_|

Signature: _____

Date: _____

3 CHEQUE OR POSTAL ORDER

Send crossed cheque or postal order to: RHSI, Cabinteely House, The Park, Cabinteely, Dublin 18.

A GIFT of RHSI MEMBERSHIP is a wonderful thought for any occasion.

The recipient will receive her/his/their membership card in a greeting card. Please complete YOUR OWN details below:

Name: _____

Address: _____

Phone no: _____

Please send a gift pack to me. The gift is intended for the following occasion:

Now please complete the detail(s) of the recipient(s) in the membership application section above.

RHSI Originators No. 300884