



Irish Nurses and Midwives Organisation
Working Together

Recruit a Friend and We Will Give You a €20 ONE-4-ALL VOUCHER*

Do your friends a favour ask them to join the INMO and be protected by the largest nurses and midwives union in Ireland for as little as €5.75 per week



**YES, it's a €20
One-4-All Voucher*
for EVERY NEW
Member Recruited**

Additional forms available on
www.inmo.ie or
Tel: 01 6640600

It now makes more
sense than ever to
be an
INMO Member

Recruiter Details

Your Name:

Your Tel/Mobile No:

Your Email:

Your Work Location:

New Members Details

NMBI PIN:

Name:

Address:

Email:

Mobile Tel:

Home/Work Tel:

Date of Birth: Nationality:

Work Location:

Are you a member of any other union?:

Conditions of Application

Please note that the INMO will not provide representation to Nurse/Midwife in respect of incidents which have occurred or issues which have arisen prior to the application for membership by the Nurse/Midwife having been ratified by the INMO Executive Council. Further, it should be noted that the right to representation shall terminate on a Nurse/Midwife ceasing to be a member of the INMO.

I agree to be bound by the Rules of the INMO

Signed: _____

Date: ___/___/___

Return this **Fully Completed Form** to:
Membership Department, INMO, The Whitworth Building, North Brunswick Street, Dublin 7

*This promotion is only open to fully paid up members of the INMO

MEMBERSHIP APPLICATION FORM



SECTION 1: ABOUT YOU

(Please fill out form in Block Capitals)

Title (Mr, Mrs, Ms)

Date

First name

Last name

Address
(for correspondence)

Mobile tel. no.

Home/work tel.
no.

Email address

Date of birth

Day

Month

Year

Nationality

Work location

Position held at
present

Please tick this box if you would not like to receive correspondence from the INMO via email or phone.

FOR REGISTERED NURSES ONLY

An Bord Altranais PIN No. in:

General training

Midwifery

Public Health

Sick Children's

Psychiatry

R.N.I.D.

Recruited by

FOR OFFICIAL USE ONLY

Membership No:

Amount Paid

Date:

SECTION 2: PAYMENT OPTIONS

(Please fill out form in Block Capitals)

Tick your preferred payment method below

Authorisation to Deduct INMO Membership Fee From Salary

Name

(being a Full-Time Employee)

Employed at

Authorise the deduction from my pay, until further notice the sum of € _____ per month in respect of the Irish Nurses and Midwives Organisation financial year, January to December, to be deducted on each pay day and paid to the Organisation on my behalf. I also agree that if the subscription be varied, the deduction shall be varied accordingly. If there is an inadvertent shortfall in the amount deducted at source in respect of annual fee, I agree to pay the balance direct to the Organisation.

INMO Number

Employee Number

Signature:

Date:

Payment by Credit/Debit Card

Mastercard/Visa/Visa Debit
card number

Card Expiry Date

CVV number

Name and Initials
(as they appear on card)

I wish to pay **3 months** subscription

I wish to pay **1 years** subscription

Annually by Cheque/P.O. made payable to INMO

On completion, this form should be returned directly to

**Membership Services Department, Irish Nurses and Midwives Organisation,
North Brunswick Street, Dublin 7**



Irish Nurses and Midwives Organisation
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Bankers Standing Order Mandate

This Mandate comes into effect immediately on receipt of same and thereafter on the 1st day of every month.

Name:

INMO
Reference No:

Address:

Name and Address of Members
Bank/Building Society:

Bank/Building Society
Account Reference IBAN:

Bic:

Pay to: Aailed Irish Bank, 100/101 Grafton Street, Dublin 2 for the credit of the
Irish Nurses & Midwives Organisation,
BIC: **AIBKIE2D** | IBAN: **IE06AIBK93104752014017**
until further notice the sum of € _____ monthly.

Commencing:

Signature:

Date:

IMPORTANT: When completed and signed, the member should return this form direct to:
**Membership Services Department, Irish Nurses and Midwives Organisation,
The Whitworth Building, North Brunswick Street, Dublin 7**



Irish Nurses and Midwives Organisation
Cumann Altraí agus Ban Cabhrach na hÉireann
Working Together

RECRUIT A FRIEND AND WE WILL GIVE YOU A €20 One-4-All Gift Card

Please find attached a new member Application Form. Please follow the three easy steps outlined below:-

- 1. Recruit a friend or colleague by asking them to complete the attached;**
- 2. Ensure that they insert your name and membership number on the 'Recruited By' portion of the application form; and**
- 3. Make sure they send the completed Application Form to the INMO.**

On receipt of the new member's first subscription, we will give you a €20 One-4-All Gift Card.

If you require more new member Application Forms (€20 One-4-All Gift Card for every new member you recruit), please contact the INMO membership office: (Mary or Michaela – 01 6640612).

Conditions of INMO Membership Application:

INMO membership becomes active/live once subscriptions/fees commence. Please note that the INMO will not provide representation to any Nurse/Midwife in respect of incidents which have occurred or issues which have arisen prior to the application for membership having been ratified by the INMO Executive Council. Further, it should be noted that the right to representation shall terminate on a Nurse/Midwife ceasing to be a member of the INMO.

To be completed by the Recruiter

**RECRUIT A FRIEND AND WE
WILL GIVE YOU A
€20 One-4-All Gift Card**

My Name: _____

My INMO Membership No.: _____

My Address: _____

I Have Recruited: _____

Work Location: _____

**PLEASE RETURN THIS FORM TO:
Membership Department,
Irish Nurses and Midwives Organisation,
The Whitworth Building,
North Brunswick Street,
Dublin 7.**