

Station House, The Waterways Sallins, Co. Kildare Tel: 045 852300 Email@ info@pna.ie

Our aims and objectives are:

- To promote and protect the interests of our members and in particular to provide professional and industrial leadership for the statutory pre-hospital profession.
- To improve statutory rights and benefits of members with improved salaries and conditions of work through to representing members in relation to work matters.
- **♣** To improve career progression and the personal development of our members.
- To ensure a healthy and safe workplace for our members.

Name: _ Postal Address: _	MEMBERSHIP APPI		FORM						
EMAIL:							_ _		
Date of Birth _									
Grade: Paramedio	C ADVANCED F	PARAMEDI		EMC		ЕМТ 🗆			
Superviso	R STUDENT								
TEL No:		Рнс	NE:						
Payroll No:			RK L OCATIO	N:					
SIGNED:								_	
Please return fully complet to: PNA, Station House, The financial authority)			-				_		
To: The Manager(NAME OF BANK BUIL	SEPA STANDING DING SOCIETY) (BANI	ORDER MANI							
(NAME OF ACCOUNT	TO BE DEBITED)								
(BANK ACCOUNT H	OLDER IBAN)								
(BANK ACCOUNT H	OLDER BIC)		thorise you to			until furth (enter d		and wi	th
(Name of Payee: Rei	ference to appear on benefici	iary 'stateme	nt)]
To deduct from my account the sum of To deduct from my account the sum of	·	nth □	In respect of Psychiatric NIBAN: IE 2	Nurses Asso	ciation:				
To deduct from my account the sum of			Bank of Irel			0 3003 /	ZZ DIC	. BOFI	IEZU
I accept that there may be periodic adjustments in otified directly to my Bank/Building Society by that individual advance notices will not be issued	he Head Office of the P.N.A. I als								
Signed:			Date:						