



MEMBERSHIP APPLICATION FORM 2013

NAME: _____ TRADING AS: _____

ADDRESS: _____

TELEPHONE: _____ FAX: _____ EMAIL: _____

MOBILE: _____ WEBSITE: _____

Retail Only <input type="checkbox"/>	No. of Outlets <input type="checkbox"/>	No. of employees <input type="checkbox"/>	Retail & Abattoir <input type="checkbox"/>
Abattoir Only <input type="checkbox"/>	Wholesaler <input type="checkbox"/>	Size of premises (Selling area) Under 2000 sq ft <input type="checkbox"/>	
		Over 2000 sq ft <input type="checkbox"/>	

Each shop must achieve ACBI Certification within 12 months of application; membership renewal will be determined by this.

Declaration by applicant

I am not a member of a symbol group and understand that any future affiliation with a symbol group may lead to the termination of my membership of the association in accordance with its rules. I also agree that in the event of termination of my membership of ACBI, I will no longer be entitled to display the Craft Butcher logo, posters, or promotional materials.

Signed _____

RETAIL MEMBERSHIP FEE €600.00 per Annum (€50.00 per month by direct debit)
(Subsequent Shop Rate €199)

METHOD OF PAYMENT Cheque Direct Debit (See form below) Monthly Annually

Credit Card □□□□ □□□□ □□□□ □□□□ Expiry Date _____

DIRECT DEBIT AUTHORISATION FORM

Please complete parts 1 – 4 to instruct your bank to make payment directly from your account. Then return the form to:

ASSOCIATED CRAFT BUTCHERS OF IRELAND,
 RESEARCH OFFICE 1, TEAGASC, ASHTOWN FOOD RESEARCH CENTRE, ASHTOWN, DUBLIN 15.
 TEL: 01 – 296 1400 / FAX: 01 868 2822

A.C.B.I. Identification Number. **302219**

1. The Manager (Bank) _____ Bank

Name and full postal address of your bank and branch

2. Name of Account holder _____

3. Bank Sort Code Account Number
 □□ - □□ - □□ □□□□□□□□

Banks may refuse to accept instructions to pay direct debits from some types of account.

4. Your instructions to the bank, and signature(s)

I/we instruct you to pay direct debits from my account at the request of Associated Craft Butchers of Ireland.
 The amounts are variable and may be debited on various dates.
 I/we understand that Associated Craft Butchers of Ireland may change the amounts and dates only after giving me prior notice.
 I shall inform the bank in writing if I wish to cancel this instruction.
 I/we understand that if any direct debit is paid which breaks the terms of the instruction, the bank will make a refund.

Signature(s) _____

A.C.B.I. Reference Number: _____ Date: _____