

MEMBERSHIP APPLICATION FORM 2018

NAME: _____ TRADING AS: _____

ADDRESS: _____

TELEPHONE: _____ FAX: _____ EMAIL: _____

MOBILE: _____ WEBSITE: _____

Please tick which box applies to you:

My contact information may be used by ACBI for all communications, information sharing and promotional purposes
My contact information may not be used by ACBI for communications, information sharing & promotional purposes

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 (Subsequent Shop Rate €199)

METHOD OF PAYMENT Cheque Direct Debit (See form below) Annually
Credit Card Expiry Date _____

DIRECT DEBIT AUTHORISATION FORM

Please complete the second page 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**

_____ Bank

Name and full postal address of your bank and branch

2. Name of Account holder _____

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: _____

SEPA Direct Debit Mandate

*Unique Mandate Reference



Craft Butchers
Associated Craft Butchers of Ireland

*Creditor Identifier: IE09ZZZ302219

Legal Text: By signing this mandate form, you authorise (A) Associated Craft Butchers of Ireland to send instructions to your bank to debit your account and (B) your bank to debit your account in accordance with the instruction from Associated Craft Butchers of Ireland.

As part of your rights, you are entitled to a refund from your bank under the terms and conditions of your agreement with your bank. A refund must be claimed within 8 weeks starting from the date on which your account was debited. Your rights are explained in a statement that you can obtain from your bank.

Please complete all the fields below marked *

Please return the completed Mandate to Associated Craft Butchers of Ireland, Teagasc Food Research Centre, Ashtown, Dublin 15.

*Your Name :

Your Address:

Address Line 1 _____
Address Line 2 _____

*City/postcode

* Country:

* Account number (IBAN)

*Swift BIC

Associated Craft Butchers of Ireland
Research Office 1, Teagasc, Ashtown Food Research Centre, Ashtown, Dublin
15. Ireland.

*Type of payment Recurrent **or** One-Off Payment (Please tick ✓)

*Date of signing:

*Signature(s)