



# Membership Application Form

Owner Name: \_\_\_\_\_ Company Name: \_\_\_\_\_

Trading as : \_\_\_\_\_ Address: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

Mobile: \_\_\_\_\_ Website: \_\_\_\_\_

Retail only ☐

Retail & Abbatoir ☐

No of Outlets ☐

No of Staff ☐

Wholesaler ☐

Abbatoir only ☐

## 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

Signed \_\_\_\_\_

I consent to the ACBI processing my information in line with its privacy policy ☐

I accept the terms of the membership contract provided to me ☐

## Membership Fees

Yearly Membership Fee €600 & €200 for each store thereafter. Direct Debit processing Fee of €2.50

How Many stores to join ☐

Method of Payment: Cheque ☐ EFT ☐ Credit Card ☐ Direct Debit ☐ See Below

Monthly Direct debit ☐ Yearly Direct debit ☐

Credit Card No:                 EXP Date: \_\_\_\_\_ CVC \_\_\_\_\_

## Sepa Direct Debit Mandate

Unique Mandate reference:

Creditor Identifier:

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, 15 Fitzwilliam St. Ringsend, D04HOK7

\* Account number (IBAN)

\* Swift BIC

Associated Craft Butchers of Ireland, 15 Fitzwilliam Street Ringsend, Dublin 4 D04HOK7

\* Type of payment Recurrent ☐ or One-Off Payment (Full Amount) ☐ (Please tick)

\* Date of signing:

\* Signature(s)