



The Institute of Community Health Nursing

Subscriber Membership Application (Block Capitals)

Name of Organisation: _____

Address: _____

Contact Person: _____ Tel No. _____

Health Related Industry:
(Provide Description) _____

Make cheque/Postal Order/Bank Draft payable to :

Account Name: Institute of Community Health Nursing
Bank name: AIB
Bank address: 52 Upper Baggot St, Dublin 4
Account No: 30639-090
Sort code: 93-10-63
IBAN number: IE 26AIBK93106330
SWIFT Number: AIBKIE2D **Subscriber Fee: €500 Annually**

Signed _____

Date: _____

Please return completed application form with remittance to:

**Institute of Community Health Nursing, Milltown Park, Sandford Road, Ranelagh, Dublin 6.
Tel: 01-2200200 Fax: 01-2200205 Email@ admin@ichn.ie**

Approved by ICHN Council

Date: _____

President

Secretary

