

ASSOCIATE MEMBERSHIP APPLICATION FORM

I, _____ wish to apply for Associate Membership of the Association of Higher Civil & Public Servants. I was a member of the _____ Branch of the AHCPS until ____ / ____ 20 ____ .

Grade _____

Are you at present a member of another Union/Association? _____

If so, please state name of Union/Association _____

I resigned membership because (Tick whichever is applicable)

- I have retired/resigned from the civil service
- I am on Career Break/Special Leave from the civil service
- I am in a grade for which the AHCPS does not hold grade recognition.

I accept that the Executive Committee of the Association shall have sole discretion in the granting and termination of Associate Membership.

Address for correspondence _____

Email address _____

Signed _____

Date _____

On Executive Committee approval a **One-off Fee** of **€35** will be required.