

## 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 joining fee of €150 will be required and thereafter annually on 1<sup>st</sup> Jan by Standing Order Form will be forwarded to you for completion.