

**APPLICATION FOR MEMBERSHIP OF THE
INSTITUTE OF BIOLOGY OF IRELAND**

(For further information visit www.ibioli.net)



Prefix: (Mr / Ms / Dr / Prof / Other : _____

Name: _____

Address: _____

Telephone: Home: _____

Work: _____

Mobile: _____

Email: Home _____

Work: _____

(The majority of Institute communication will be through email. Please indicate with a # which is your preferred email address).

ACADEMIC QUALIFICATIONS

(Please state Honours gained & Year of Qualification)

Institution/Awarding Authority: _____

Degrees: _____

Certificates: _____

Diplomas: _____

Institution/Awarding Authority: _____

Degrees: _____

Certificates: _____

Diplomas: _____

ACADEMIC QUALIFICATIONS

(Dates & Titles of Positions Held and Type of Work)

Membership of Other Learned Bodies:

Principal Relevant Publications & Thesis:

The names, telephone numbers or email addresses of two Referees who are familiar with the applicant's research and/or teaching in biology.

1: _____

2: _____

Signature of Applicant: _____

Date: _____

Please return this completed form and completed Banker's Order to:

**The Honorary Secretary, Institute of Biology of Ireland,
School of Biology and Environmental Science,
University College Dublin, Belfield, Dublin 4, Ireland**

Annual subscription are:

Fellow	€50.00
Full Member/ Graduate Member:	€35.00
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(This order cancels any previous order in favour of the Institute of Biology of Ireland)

The Manager: _____

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*Please pay to the Bank of Ireland, St. Stephen's Green, Dublin 2, Ireland for the
Account of The Institute of Biology of Ireland*

**(BIC: BOFIIIE2DXXX IBAN: IE73BOFI90008410053616), the sum of € :00 now
and on the 1st of January annually.**