

APPLICATION FOR MEMBERSHIP

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

Name: _____

Address: _____

Telephone: Home: _____

Work: _____

Mobile: _____

Email: Home: _____

Work: _____

ACADEMIC QUALIFICATIONS

(Please state Honours gained & Year of Qualification)

Institution: _____

Degrees: _____

Certificates: _____

Diplomas: _____

Institution: _____

Degrees: _____

Certificates: _____

Diplomas: _____

ACADEMIC QUALIFICATIONS

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

The **Institute of** **Biology of Ireland**

Institiúid Bitheolaíochta na hÉireann

Membership of Other Learned Bodies:

Principal Publication & 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 Banker's Order to:

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

Annual subscriptions are:

Fellow	€50.00
Full Member / Graduate Member	€35.00
Associate Member	€25.00
Student Member	€10.00

BANKER'S ORDER:

(This order cancels any previous order in favour of the Institute of Biology)

The Manager: _____

Bank: _____

Branch: _____ Sort Code: ____ / ____ / ____

Signature: _____

A/C Number: _____

Date: _____

Please pay to the Bank of Ireland, St. Stephen's Green, Dublin 2.

(Sort Code 900084) for the Account of The Institute of Biology of

*Ireland. A/C Number 10053616, the sum of € .00 now and on
the 1st of January annually.*