# Renewal of Full Membership 2025

**NAME ..........……………………………. (Block capitals)**

**ADDRESS .…………………………………....**

**……………………………………..**

**………………………………........**

**PHONE .........……………………………..**

**EMAIL …………………………...............**

## **Please enclose with this application form**

[a] A cheque made payable to IAPA for €150 **OR** €250 [ICPcontribution €100.]**\***

[b] A copy of current insurance

**Please note that insurance cover held by full members who do not reside in Ireland must include the provisio that a client can lodge a complaint in Ireland.**

[c] Confirmation that you have read and have a copy of the Code of Ethics

**\*** If ICP contribution has already been paid, please indicate through which organisation

**…………………………...............**

Please return application to

**Jean FitzGerald, 30 Ormond Road, Rathmines, Dublin 6**

**SIGNED** **…………………………...............**

**DATE** **…………………………...............**