

APPLICATION FOR MEMBERSHIP OF VINTNERS' FEDERATION OF IRELAND

PAY METHOD: (Please tick ✓) Cheque/Cash Credit Card Direct Debit

Frequency of Payment: (Please tick ✓) Monthly Annually

I wish to apply for membership of the Vintners' Federation of Ireland. If accepted, I undertake to abide by the Rules of the Federation and to pay all subscriptions in accordance with the Constitution & Rules of the Federation. I recognise that the rate of subscription may be increased or decreased by decision of the Federation taken in accordance with the Constitution and Rules of the Federation in the normal way.

Please complete this section in BLOCK CAPITALS

Name:

Company Name:

Licence Type:

Name of Premises:

Business Address:

.....

NORMAL SIGNATURE:

Date:

Phone No:

Mobile No:

Email:

Branch/District:

VFI may use your mobile/email details to communicate trade matters to you.

Type of Trade: (Please tick ✓) Sole Trader Partnership Limited Company

Pub Hotel Bar Food Separate Restaurant Restaurant Licence

B&B Late Bar Dance Licence Night Club Off-Licence

Credit Card Payment Details:

Name on Card: **Card Type:**

Card No: **Expiry Date:**

➤ **N.B.** Direct Debit members paying VFI directly must also complete "INSTRUCTION TO BANK TO PAY DIRECT DEBIT".

VINTNERS' FEDERATION OF IRELAND
VFI HOUSE, CASTLESIDE DRIVE, RATHFARNHAM, DUBLIN 14.

Phone: 01 492 3400
Fax: 01 492 3577

INSTRUCTION TO YOUR BANK TO PAY DIRECT DEBITS

4. MAILING NAME AND ADDRESS OF MEMBER:

Please complete Parts 1 to 5 to instruct your Bank to make payments directly from your account. Then return the form to:

VINTNERS' FEDERATION OF IRELAND

Address as above.

Originator's Identification Number

5. Your Instruction to the bank and signature:

V.F.I. Reference
(maximum 18 characters)

I instruct you to pay Direct Debits from my account at the request of the Vintners' Federation of Ireland
The Amounts are variable and may be debited on various dates.

1. The Manager Bank

I understand that V.F.I. may change the amounts and dates only after giving me prior notice.
I shall inform the Bank in writing if I wish to cancel this instruction.

(full address of your Bank Branch)

I understand that if any Direct Debit is paid which breaks the terms of Instruction, the Bank will make a refund.

2. Name of account holder:

Signature(s)

3. Sort Code:

.....

Account Number

Date:

Banks may decline to accept Instructions to pay Direct Debits from some types of accounts