

# ACBI Membership Application Form

Name (block letters) Prof/Dr/Mr/Ms \_\_\_\_\_

Employment \_\_\_\_\_  
Address \_\_\_\_\_

Mailing Address \_\_\_\_\_  
(if different) \_\_\_\_\_

Qualifications with dates, \_\_\_\_\_  
college and subjects \_\_\_\_\_

Current Post & Grade \_\_\_\_\_

Please Tick      Permanent       Temporary

Tel.No: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

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I wish to apply for admission to Ordinary/Associate\* Membership of the ACBI  
(\*delete as appropriate).

Name \_\_\_\_\_ Signed \_\_\_\_\_ Date \_\_\_\_\_

Proposer \_\_\_\_\_ Signed \_\_\_\_\_ Date \_\_\_\_\_

Seconder \_\_\_\_\_ Signed \_\_\_\_\_ Date \_\_\_\_\_

<b>Ordinary Membership Rates:</b>	Senior & Basic Grade Biochemists	€60
	Principal Grades, Consultants & Registrars	€70
	Other Applicants	€60
<b>Associate Membership Rate:</b>	Associate members	€40

When approved, your payment will be made online.

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Please return completed form to ACBI Hon. Secretary:      Dr. Brendan Byrne,  
Biochemistry Department,  
Beaumont Hospital,  
Dublin 9.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_