

Royal Hibernian Academy

Membership Form

To become a Friend of the Royal Hibernian Academy, please complete this form, detach and return with payment to the Development Officer, RHA Gallagher Gallery, 15 Ely Place, Dublin 2

Name _____ Address _____
Telephone _____
Email _____

Please indicate your preferred method of receiving communication from us: Post Email

Friends' Membership Categories: Individual €50 Family €75
 Patron €150 Benefactor €350
 Corporate €1,500 Corporate Benefactor €3,500
 A concession rate of €30 is available to students and senior citizens

Age Group: Under 30 30-39 40-49 50-65 65+

Children's names and dates of birth

Name (child one) _____ Date of Birth _____
Name (child two) _____ Date of Birth _____
Name (child three) _____ Date of Birth _____
Name (child four) _____ Date of Birth _____

How did you hear about us? Newspaper Magazine Friend of RHA
 Website Other please specify _____

PAYMENT OPTIONS

I enclose a cheque made payable to the Royal Hibernian Academy for € _____

Continuous Credit Card Authority (Visa/Mastercard/Laser Only)

I authorise the Royal Hibernian Academy to charge my: Visa Mastercard Laser

Visa/Mastercard/Laser variable amounts in respect of this membership as and when they become due annually. I understand that the Friends of the RHA will advise of the amount to be paid and the date which payment is due, and that the Friends of the RHA may only change these after giving prior notice. I understand that this authority will remain in force until such time as I cancel in writing to the Friends of the Royal Hibernian Academy.

Credit Card Number _____ Expiry Date _____
Name of card holder (PLEASE USE BLACK LETTERS) _____ Address of Card holder (if different from above) _____

Signature _____ Date _____

PAYMENT OPTION: DIRECT DEBIT INSTRUCTIONS TO YOUR BACK

Originator's ID: 303289 Reference: RHA

We are currently offering a 10% discount on your first year's membership fee if you choose the Direct Debit option. We will also include everyone paying by Direct Debit in a monthly draw for a copy of Amelia Stein, Photographs RHA 2009 and an RHA publication, as per availability.

Name and full postal address of your bank and branch

Name of Account Holder

Sort Code

Account Number

- I instruct you to pay direct debits from my account at the request of the RHA
- The amount is variable and may be debited once every 12 months
- I understand that the RHA may change the amount and date only after giving me prior notice
- I will inform the bank in writing if I wish to cancel this instruction
- I understand that if any direct debit is paid which breaks the terms of this instruction, the bank will make a refund.

Signature(s)

Date

Banks may refuse to accept instructions to pay direct debits from some types of accounts.

GIFT MEMBERSHIP

We are currently offering a 10% discount on Gift Memberships to Friends of the RHA.

Donor details

Name

Telephone

Address

Email

Recipient details

Name

Telephone

Address

Email

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