Association of Higher Civil & Public Servants Comhlachas na Seirbhíseach Uachtarach Stáit agus Poiblí



## **ASSOCIATE MEMBERSHIP APPLICATION FORM**

I, wish to ap	ply for Associate Membership of the Association
of Higher Civil & Public Servants. I w	as a member of the
Branch of the AHCPS until/	
Grade	
Are you at present a member of another	Union/Association?
If so, please state name of Union/Association	ation
I resigned membership because (Tick wh	nichever is applicable)
☐ I have retired/resigned from	om the civil service
Lam on Career Break/Spe	ecial Leave from the civil service
	celar Leave from the ervit service
I am in a grade for which	the AHCPS does not hold grade recognition.
Laccent that the Executive Committee of	f the Association shall have sole discretion in the
granting and termination of Associate M	
	-
Address for correspondence	
Email address	
Signed	Date

On Executive Committee approval an annual fee of €35 will be required and a Standing Order Form will be forwarded to you for completion.

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Fax. 01 668 6380

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