



ALUMNI RELATIONS



REGISTRATION FORM 2017/2018

ATTACH
PASSPORT SIZE &
QUALITY PHOTO
HERE

Personal Details

UCD STUDENT NUMBER (if known) _____

TITLE _____

FIRST & MIDDLE NAMES _____

LAST NAME _____

NÉE _____

HOME ADDRESS _____

CITY/COUNTY _____

POSTCODE _____

COUNTRY _____

TELEPHONE _____

EMAIL _____

DATE OF BIRTH _____

Employment Details

COMPANY NAME _____

POSITION _____

BUSINESS ADDRESS _____

CITY/COUNTY _____

POSTCODE _____

COUNTRY _____

TELEPHONE _____

EMAIL _____

WEBSITE _____

Third Level Education

ESTABLISHMENT	QUALIFICATION	YR. OF. GRAD.

Details

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Alumni from Architecture, Engineering and Medicine, upon payment of the above subscription rates, are automatically members of the AGA, EGA & MGA respectively.

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SIGNATURE

DATE

Completed form to be returned to:

UCD Alumni Relations
Room 127 Tierney Building
Belfield
Dublin 4



ALUMNI RELATIONS



REGISTRATION FORM 17/18

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UCD Alumni Relations
Room 127 Tierney Building
Belfield
Dublin 4

ORIGINATOR
NUMBER

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ACCOUNT NAME _____

BIC _____

IBAN _____

BANK NAME & ADDRESS (IN FULL) _____

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- > 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.
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- > The amounts are variable and are to be debited on various dates.

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DATE

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