

MEMBERSHIP APPLICATION FORM

I wish to apply for:

Full Membership Associate Membership

Organisation Type:

Please indicate the area of operation which best describes your activity within the parking industry (Tick where appropriate) :

Car Park Owner/Operator Industry Supplier Enforcement Property Professional
Other (Please specify): _____

Contact Details:

Contact Name : _____

Business Name : _____

Address : _____

Landline Number : _____ Mobile No. : _____

Email address : _____ Website: _____

Annual Membership Fees: Full Member - €750 Associate Member - €200

Invoice will issue when application has been accepted.
(Please Note: Advance Payment Reqd.)

Please advise Purchase Order number, if required : _____

Declaration by Applicant:

I hereby apply for membership of the Irish Parking Association. I accept that the decision of the Board in relation to all matters pertaining to membership is final. If accepted, I shall abide by the Code of Conduct of the IPA. I certify that the information given on this form is true and correct.

Signed:

Date:

Post to The Secretary, Irish Parking Association, Unit 3 Barrowside Business Park, Sleaty Road, Carlow
Or Email completed form to info@parkingireland.ie