



NABMSE Membership Form

October 2008 – 2009

Name of School: _____
Address of School: _____
Phone: _____
Fax: _____
Email: _____

Membership Type:

New Member: Renewal:

Type of School:

Special School: Mainstream School:

Method of Payment (Fee: €76.00):

Cheque: Banker's order:

Signed on behalf of

Board of Management: _____ Date: _____

Banker's Order for Membership of National Association of Boards of Management in Special Education

To: The Manager (Name of Bank): _____
Branch Address: _____

Please pay the NABMSE Account No. 67408318, Bank of Ireland, St. Stephen's Green, Dublin 2, now and on October 1st of each year until further notice, the sum of €_____ (Please state amount)

Signature: _____ Signature: _____

Bank Account No. _____

Name of Account: _____

Please return completed form for our records