

COMMITTEE MEMBER/OBSERVER DETAILS

NAME : _____

HOME ADDRESS : _____
(Block Capitals)

Work Address: _____

E-MAIL ADDRESS: _____

BANK: _____

BANK ADDRESS: _____

BANK SORT CODE: _____

ACCOUNT NAME: _____

ACCOUNT NUMBER: _____

PPS NUMBER: _____

PRSI CLASS IN FULL
TIME EMPLOYMENT: _____

SIGNED : _____

DATE : _____

Please return to: XXXXXXXX

XXXX Section

Law Society of Ireland

XXXX

DX 1075