

Dangerous Goods Safety Advisers Association of Ireland Membership Application Form

Name:				
Company Name:				
Address:				
Telephone No.:				
Mobile No.:				
Email address:				
Information on DGSA Qual	ifications/Experti	se (Required fo	or Full membership)	
DGSA Certificate No:	_	ry Date:	I ,	
DGSA Classes: All 1	-	3,4,5,6,8,9	UN No. Specific	
	3 4		7 8 9	
Shipment Types: Packages		Bulk \	Tankers	
Additional Comments:				
7 dutional Comments.				
I hereby apply for membership of the "Dangerous Goods Safety Advisors Association of Ireland" as a Full Member Check one Associate Member.				
I agree to be bound by the rules and byelaws of the Association. I acknowledge that these rules may change from time to time. Management reserves the right to scrutinise applications and refuse admission to membership.				
Full Membership is available only to Individual DGSA's who hold a current vocational training certificate. A				
copy of the certificate must accompany the application.				
Associate Membership is available to other individuals with an interest in Dangerous Goods Safety.				
Signed		Date		••
Membership fee			100 Euro	
Please make cheque payable to DGSAAI and forward together with the application form				
(and copy of your DGSA certificate if applicable) To:				
Liam Tolton, DGSAAI Treasurer,				
Second Sight Technical, 26 Rooskagh Valley, Shanagarry, Co. Cork.				
Second Signt Teenment, 20 Ro	omagn vancy, blia	inguily, co. co	1 110	
Payments may be made by credit transfer to Bank of Ireland, Midleton, Co Cork.				

Sort code: 90-29-01 A/C No.: 15228761

BIC: BOFIIE2D IBAN: IE28 BOFI 9029 0115 2287 61 N.B please include your name as a reference to identify the transaction

The form may be completed before printing.