

RETIRED MEMBER – APPLICATION FORM

First Name(s)	
Surname	
Home Address	<hr/> <hr/> <hr/> Postcode <hr/>
Email Address	<hr/>
Phone number	<hr/>
Date of Application	<hr/>

Please [click here](#) for Application fee.

All memberships renew on January 1st each year.

Please see **Bye Law 4, clause 8** for criteria relevant to Friend Membership of IAHIP

Retired Member

This category is open to members who no longer work in the field of psychotherapy and as a consequence do not meet the criteria for reaccreditation as full members, but wish to stay involved with the Association. Retired Members may

- Attend AGM (without voting rights)
- Receive Inside Out
- Be on the IAHIP email list to receive information on upcoming events, etc.
- Be entitled to discounts on certain events
- Be eligible to serve on Committees other than Governing Body
- Be entitled to use MIAHIP (Retired) in correspondence, etc.
- Be free to attend regional events, conferences, etc.

Signed _____

Please tick the box relating to your payment type:

ONLINE ([click here to access online payment link](#))

POSTAL ORDER

CHEQUE

**Please send completed form and fee (if not paying online) to:
IAHIP, 40 Northumberland Avenue, Dun Laoghaire, Co. Dublin.**