



Evangelical Alliance Ireland

EAI - Church Membership Registration. [Send to EAI](#)

Name of Church _____ Denomination _____

Address _____

Name of Pastor/Minister _____

E-mail _____

Landline _____

Mobile _____

Name of Principle contact _____

E-mail _____

Landline _____

Mobile _____

Subscribe to EAI notifications: Yes No

Statement of faith: Yes in agreement with EAI's statement of faith. [READ on evangelical.ie](#)

Make cheques or bank transfers payable to: **Evangelical Alliance Ireland**

Bank: AIB, IFSC branch, Dublin 1 BIC: **AIBKIE2D** IBAN: **IE63 AIBK 9333 8423 1910 40**

Membership subscriptions
based on congregation size

Congregation size	Annual	Half yearly	Quarterly
< 50 members	€50	€25	
< 100 members	€100	€50	
< 200 members	€200	€100	
< 300 members	€250	€125	
< 400 members	€350	€175	€88
< 500 members	€450	€225	€113
> 500 members	€500	€250	€125

Ulysses House, 22-24 Foley Street, Dublin 1

Tel: (01) 888 1111 M: 086 343 0730 Fax: (01) 888 1112 Email: office@evangelical.ie



Evangelical Alliance Ireland

EAI - STANDING ORDER REQUEST

Date _____ dd/mm/yyyy

To the bank manager _____

Branch Address _____

I/We hereby authorize and request you to DEBIT my/our account

Details of the account **from** which payments are to be made.

Account Name _____

BIC _____ IBAN _____

and to credit the beneficiary / receiver account

Details of the account **to** which payments are to be made.

Bank **AIB** Branch address **IFSC branch, Dublin 1**

Account Name **Evangelical Alliance Ireland**

BIC **AIBKIE2D** IBAN **IE63 AIBK 9333 8423 1910 40**

Please quote **beneficiary reference** on all payments _____ (Name of originating account)

First payment start date _____ dd/mm/yyyy

Frequency Monthly Quarterly 6 Monthly Annually

Amount in words _____ Amount _____

Number of payments Until further notice Final payment date _____ dd/mm/yyyy

Signed _____ Date _____ dd/mm/yyyy

Signed _____ Date _____ dd/mm/yyyy

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