



SEPA CORE Direct Debit Mandate

MEMBERSHIP FORM

Mandate Reference: _____ (for official use)

Type of Payment: RECURRENT

Creditor Identifier: _MT60ZZZ000222002C_

Creditor Information: *Malta Union of Midwives and Nurses*

Warner Complex MUMN

Triq il-Vitorja

Qormi

QRM2508

Contact Number: 00356 21448542

Debtor Information:

Name & Surname:

ID Number:

Home Address:

IBAN NUMBER: (31 digits)

SWIFT BIC: _____ (for official use)

By signing this mandate form, you authorize (A) MUMN to send instructions to your bank to debit your account, the amount of sixty (60) euros and (B) your bank to debit your account in accordance with the instructions from MUMN.

As part of your rights, you are entitled to a refund from your bank under the terms and conditions of your agreement with your bank. A refund must be claimed within 8 weeks starting from the date on which your account was debited. Note: Your rights regarding the above mandate are explained in a statement that you can obtain from your bank.

DATE: _____

TIME: _____

SIGNATURE: _____

PLACE OF MANDATE SIGNED: _____



SEPA CORE Direct Debit Mandate

MEMBERSHIP FORM

PERSONAL DETAILS:

(Please complete all fields in Capital Letters- where applicable)

Name:

I.D Number:

Telephone Number:

Mobile Number:

Email Address:

Type of Membership:

Single Rate (60 euros annually) _____

Couple Rate (110 Euros annually) _____

*** Student Rate (12Euros annually)** _____

*(*For members to benefit from our Couple rate, both parties need to be living in the same address.)*

WORK DETAILS:

Profession:

(If student kindly write when course ends)

Hospital:

Grade:

Ward/Department:

NOTE:

It is important that you inform us if you change your work details so that you keep on receiving the relevant information according to your place of work. Once a membership fee is deducted, the member will receive an MUMN membership card and a voucher of 30 euros that can be claimed through CPD.