



MEMBERSHIP FORM

Name : _____

School Address: _____

Mailing Address: (if different) _____

Email: _____

Occupation: _____

Special Education Area: _____

New Member

Renewal

I enclose a cheque for: €40 for Full Membership (Teachers)
€30 for Associate/Student Membership
(Cheques payable to IATSE)

Date: _____

If you wish to pay by Banker's Order please complete below

Banker's Order

To the Manager

Name of Bank

Branch Address

[Please pay I.A.T.S.E. Account No. 27741185](#)

Allied Irish Bank, 140 Lr. Drumcondra Road, Dublin 9.

Now and on June 1st each year until further notice the sum of:

€40 €30

Signature:

Bank A/C No.

Name (Block Capitals)

Home Address:

Return to Membership Secretary, IATSE, Education Centre, Drumcondra, Dublin 9.