

## ASSOCIATE MEMBERSHIP APPLICATION FORM

*Associate Membership is State based and as such, is not transferable from one State to another. However, when an Associate member moves interstate, his/her Branch should notify the Secretary of the Branch in the State to which he/she has moved in the event that the Branch may wish to invite the Associate to participate in their activities as a guest or observer.*

### APPLICANT - GENERAL INFORMATION

Title:	Surname:	Given Name:
Street Address:		
Suburb/Town:	State:	Postcode:
Phone:		Fax:
Email:		Mobile:

**Working with Children Check** – please supply a copy of one of the following documents and indicate which one has been supplied by ticking the relevant box:

- ☐ Current Teacher Registration - registration nbr & DOB: \_\_\_\_\_
- ☐ Full Working With Children Check –reference nbr & DOB: \_\_\_\_\_

### IPSHA MEMBERSHIP HISTORY (Schools/Institutions/positions held)


### PROPOSAL FOR IPSHA MEMBERSHIP

I, \_\_\_\_\_ wish to be considered for Associate membership of IPSHA Ltd and I hereby furnish a proposer and seconder to support my application.

Date:	Signature:
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PROPOSER INFORMATION	
Proposer's Name:	
School:	
Date:	Signature:
SECONDER INFORMATION	
Secunder's Name:	
School:	
Date:	Signature:
<i>Proposer and Secunder must be active and financial members of IPSHA Ltd.</i>	
PRIVACY & CONSENT	
I consent to IPSHA using an image of me on the website in the Members' Directory. I also consent to this image, as well as others that are taken of me from time to time during Federal and State IPSHA events, to appear in IPSHA promotional material, both in hard and soft copy, as well as on the website – including the bi-annual Federal eLink publications.	
Date:	Signature:
I consent to information contained in this application being supplied to the relevant State Branch Archivist for the purposes of updating and maintaining IPSHA state archives.	
Date:	Signature: