

School Chaplains Association Membership Form Academic Year: ____/____
Send to: Ms. Catherine Clarke, Portmarnock Community School, Portmarnock, Co. Dublin

Title: **Firstname:** **Surname:**

School Name:

School Address:

Email Address:

School Phone:

Mobile:

Teaching Council Number:

Type of Membership:

Full **Associate**

**If you are an Associate Member please indicate are you?
(please note associate members do not have voting rights)**

Retired **Student** **Former Chaplain**

Qualifications/experience for school chaplaincy:

Cert **Dip** **Degree**

Masters **Other (e.g. experience):** _____

Do you hold a teaching qualification? _____ **Teaching Hours:** _____

Are you a new chaplain? **Yes / No**

Type of School:

ETB: **Comm Sch:** **Comp:** **Vol:**

Union Membership: **TUI:** **ASTI:** **NONE:**

Fee Enclosed

Membership and Conference: **€ 185**

Student/Associate Membership and Conference: **€ 160**

Membership only: **Full: € 65** **Student/Associate: € 40**

Signature:

Date:

The information on this form is held electronically and accessed on devices which are password protected. Printed membership forms are stored annually and shredded once the term of membership has lapsed (October – October). The SCA will never give, sell or rent the data that we hold to other organisations to be used for their own business.