

**School Chaplains Association Membership Form Academic Year: 22/23**

**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**

**OR**

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

**Paid by: Cash** \_\_\_\_\_ **Cheque** \_\_\_\_\_ **Electronic Transfer** \_\_\_\_\_ **ETB** \_\_\_\_\_

**PTO**

Please include reference of Electronic Transfer \_\_\_\_\_

If using ETB please state the name of the ETB \_\_\_\_\_

Please sign the following for GDPR Reasons

I agree that my records will be held on the database of the school chaplains association which is password protected and they will be stored for the full duration of my membership (October-October) Only the members of the executive can have access to this information and they will never share my information with anyone without my permission.

Signed \_\_\_\_\_

Date \_\_\_\_\_

FORMS CAN BE RETURNED TO

**Ms Shona Killeen  
Heywood Community School  
Ballinakill  
Co Laois  
R32FE04**

Bank Details for Electronic Transfer

**AIB  
School Chaplains' Association  
IBAN: IE48AIBK93725849586078  
Account No: 49586078  
Sort Code: 937258**