

## MEMBERSHIP FORM

NAME & SURNAME \_\_\_\_\_

ID : \_\_\_\_\_ TEL NO: \_\_\_\_\_ MOB \_\_\_\_\_

ADDRESS: \_\_\_\_\_

EMAIL: \_\_\_\_\_

Current teaching status \_\_\_\_\_

School: \_\_\_\_\_

Please state whether you are a member of any other organization:

\_\_\_\_\_

Skills/ areas of expertise \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

Find us on face book where we will add you as members

Tick where appropriate

Full membership 6EURO \_\_\_\_\_ University student 3EURO \_\_\_\_\_