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| IRSEA Logo 001   | **Institute of Retired Senior Educational Administrators Inc.**APPLICATION FOR MEMBERSHIPABN: 78 259 388 090 https://irsea.org.au |

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| --- | --- | --- |
| Full name of applicant | Title | Your given name and surname. |
| Preferred name | Your first name, or what you prefer to be known as. |

**Eligibility for membership**

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| --- | --- |
| Please state your last position held as a senior educational administrator (as defined in the Constitution) |  CEO (ETS) or higher |

**Contact information**

|  |  |
| --- | --- |
| Home address is or will be |  |
| Town or suburb | Postcode and State |
| Postal address(if different from above) |  |
|  |  |
| Telephone | Landline | Mobile |
| Email |  |

**Personal information**

|  |  |  |  |
| --- | --- | --- | --- |
| Date of birth | dd/mm/yyyy | Honours/honorifics(if applicable) |  |
| Retirement date from Department | dd/mm/yyyy | Position held at retirement | e.g. CEO/Director/Principal |
| Spouse’s/Partner’s name (if applicable) | Please show title (e.g. Dr/Mrs/Ms/Miss/Mr), given name, and surname |
| **Privacy options (Indicate preference with ‘X’)** | *Agree* | *Don’t agree* |
| I agree to have my personal details included in the Contact Directory and to be available to other IRSEA members. |  |  |
| I agree that photographs of me in professional and/or social situations may be published in IRSEA’s Newsletters and on IRSEA’s website. |  |  |

**Fees (Indicate payment method with ‘X’)**

|  |  |
| --- | --- |
| I have transferred $25.00 by EFT for the current year (preferred)BSB 062 300 IRSEA Account 10466684 Reference: Your name |  |
| I have paid by cheque. |  |

I hereby apply to become a member of IRSEA. Date

 (write your name here) (dd/mm/yyyy)

## **PLEASE RETURN COMPLETED FORM TO:**

**Dr Brian Davies, Secretary IRSEA,** email**:** secretary@irsea.org.au

**If by post: 24 Olinda Crescent, CARLINGFORD NSW 2118**

**Committee use**

Date application received by Secretary

Date application approved by Committee

Date application entered on Directory Member No:

Date applicant informed of acceptance