INSTITUTE OF RETIRED SENIOR EDUCATIONAL ADMINISTRATORS INC.

APPLICATION FOR MEMBERSHIP

ABN: 78 259 388 090 https://irsea.org.au

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

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 $30.00 by EFT for the current year (preferred)	
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: .....