

Cumann Ríomh-Oideachais na h-Éireann (CESI) - Membership Application

Name (of Individual or School/Institution Contact): _____
(Please use Block Caps throughout this form)

Home Address: _____
(For contact outside of school time)

School / Institution Name: _____

School / Institution Address: _____

Email Address: (Home) _____
(School) _____

Individual Membership:

Annual Subscription Euro 15.00
(Cheques payable to 'CESI-National')

Previously a Member? Local Branch? _____

Indicate the Local Branch you wish to join if different from above: _____

School/Institution Membership (includes all staff members)

Annual Subscription Euro 35.00
(Cheques payable to 'CESI-National')

No. on Staff: ____ (Please provide name and contact details as per Individual Membership on a separate sheet or by email to info@cesi.ie;
Five by hardcopy newsletters will be included, but other full membership benefits will accrue)

Previously a Member? Local Branch? _____

Indicate the Local Branch you wish to join if different from above: _____

Privacy Policy: CESI does not distribute your contact details to Third Parties. Details are retained for the purpose of posting Newsletters, and for informing you of CESI activities

Please Post Membership Application To:

The Secretary, CESI, c/o Drumcondra Education Centre, Drumcondra, Dublin 9

Office Use Only

Total Payment: Euro _____ CESI Affiliation Euro _____
Added to Database _____ Date _____ Membership App. No. _____