



THE COUNCIL OF EDUCATION ASSOCIATIONS OF SOUTH AUSTRALIA
Level 2 - Education Development Centre
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Hindmarsh SA 5007
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APPLICATION FOR MEMBERSHIP

Date _____

On behalf of the _____
Association _____

(insert name of Association) I/we apply for membership of The Council of Education Associations of South Australia Inc and in support of that application I/we provide the following information:

1. Our address for correspondence is:

Contact Name: _____

Contact Phone: _____

Contact Fax: _____

2. The aims of our association are (please enclose a copy of the association's formal constitution or rules):

(attach additional sheets if space insufficient)

Is your association incorporated? (please circle one) YES NO
(Incorporation enables your association to be eligible to apply for CEASA funding)

3. Does your association have an ABN? (please circle one) YES NO
If 'yes', please provide the ABN _____
(If your association applies for Professional Development funding through CEASA and is successful, CEASA is required to withhold 48.5% of the funding cheque if the association does not provide an ABN.)

4. Our nominated representative authorised to represent, make decisions and vote on behalf of this association is:

Name: _____

Address: _____

Nominated Representative: Phone _____ Fax _____

5. That we agree to abide by the rules of The Council of Education Associations of South Australia Inc and agree to notify the Secretary of the Council, c/- CEASA office, in writing of any changes of nominated representative.

Signed: _____

Office held _____

Signed: _____

Office held _____