



STUDENT MEMBERSHIP APPLICATION

Surname: _____ First name(s) _____

DOB: _____ Sex (please circle): male female

Home address: _____ Suburb: _____ Postcode: _____

Do you wish to be identified as being of Aboriginal or Torres Strait Islander descent? yes no

Email: _____

Phone (h): _____ (m): _____

Name of university: _____

Campus: _____

Undergraduate year: 1st 2nd 3rd 4th Masters year: 1st 2nd (please circle)

Student number: _____

I am currently training in (please circle): Primary Secondary Early Childhood

When is your final year of study? _____

Please ensure all above fields are completed so that membership can be processed successfully.

Student membership is FREE

I apply for membership of the Independent Education Union of Australia (NSW ACT Branch) (ABN 91 925 561 384) and its related body the NSW Independent Education Union (ABN 20 493 156 594). I agree to abide by the rules of the organisations and understand that I can resign from the Union by giving notice in writing to the Secretary.

Signature:Date:.....

Please return this form to: membership@ieu.asn.au
Fax 02 9211 1455 | Toll free 1800 804 042
Independent Education Union of Australia NSW/ACT Branch
Reply Paid 88676
SYDNEY NSW 1005 (no stamp required)
If you have any questions, please contact our membership department.

