

IRISH NATIONAL TEACHERS' ORGANISATION



**APPLICATION FOR SUBSTITUTE MEMBERSHIP
SCHOOL YEAR SEPTEMBER 2007 TO AUGUST 2008
TO BE COMPLETED BY FULLY QUALIFIED SUBSTITUTE TEACHERS ONLY -
NOT TEMPORARY TEACHERS**

NAME: _____ **PAYROLL CODE:** _____

ADDRESS FOR CORRESPONDENCE: _____

TELEPHONE NO: _____ **DATE OF BIRTH:** _____

COLLEGE ATTENDEND: _____

FROM (YEAR) _____ **TO** _____

QUALIFICATION OBTAINED: _____

HAVE YOU EVER BEEN A SUB MEMBER OF THE INTO?

NAME & ADDRESS OF CURRENT SCHOOL: _____

ROLL NO: _____ **BRANCH AREA:** _____

SIGNED: _____ **DATE:** _____

*Please complete and return with payment to:
INTO Membership Section, 35 Parnell Square, Dublin 1.
Annual Subscription €100.00 Please do not send cash*