

Association of Teachers of Italian (ATI)

Associazione Insegnanti d'Italiano

APPLICATION TO JOIN OR RENEW MEMBERSHIP OF ATI

Please complete this form and return it with cheque payable to "Association of Teachers of Italian" to:

Dara Macnamara, 7 Quarry Road, Cabra, Dublin 7

I wish to join/renew my membership of ATI and enclose my subscription of €20 (one year) or €10 (one year, H.Dip student)

NAME _____

HOME ADDRESS _____

HOME E-MAIL _____

SCHOOL E-MAIL _____

HOME TELEPHONE _____

NAME AND ADDRESS OF SCHOOL/COLLEGE WHERE TEACHING

SUBJECTS TAUGHT _____

TICK IF PROVIDING PRIVATE TUITION IN ITALIAN YES ___ NO ___

State levels of Italian currently being taught by ticking the appropriate boxes

Primary Junior Certificate Transition Year Leaving Certificate

Leaving Certificate Applied Third Level Other (explain) _____

SIGNATURE _____ **DATE** _____