

Membership Application Form

Completed forms to be returned to:
Vere Foster House
23 College Gardens
Belfast
BT9 6BS

Tel: 028 9038 1455
Fax: 028 9066 2803

Email: infoni@into.ie
Website: www.into.ie



A nation's greatness depends upon the education of its people



SECTION 1

I wish to join the Irish National Teachers' Organisation and I undertake to abide by the rules of the Organisation and to promote its objects and interests.

Boxes marked with an * must be completed.

Signature* Date

Teacher Reference No* National Insurance No*

Full Name* (Mr/Mrs/Miss/Ms)

Home Address*

Town*

Post Code* Date of Birth*

Mobile No* Home No*

Email Address*

Date of Teaching Award

College Attended

Are you joining from another union? YES NO

Have you previously been a member of INTO? YES NO

If yes, please state year

Position* **ASSISTANT TEACHER / VICE-PRINCIPAL / PRINCIPAL**
(Please circle)

Status* **PERMANENT / TEMPORARY (1 year or more) / PART-TIME / SUBSTITUTE / NQT**
(Please circle)

SECTION 2

In accordance with the Trade Union and Labour Relations (NI) Order 1995, I authorise you to deduct from my salary, until further notice, the appropriate subscription to be paid to the Irish National Teachers' Organisation.

Boxes marked with an * must be completed.

Full Name (Caps)*

School Reference No

Name of School*

School Address*

Signature*

Date

PLEASE NOTE SECTION ONE AND SECTION TWO SHOULD BE COMPLETED AND RETURNED TO VERA FOSTER HOUSE 23 COLLEGE GARDENS BELFAST BT9 6BS

Office use Only			
Membership Number	<input type="text"/>	Branch	<input type="text"/> FY <input type="text"/>
Deductions to commence	<input type="text"/>	Acknowledged	<input type="text"/>