

**APPLICATION FOR CAREER BREAK MEMBERSHIP**

(NOT TO BE COMPLETED BY TEACHERS WHO INTEND DOING SUBSTITUTE WORK DURING THE YEAR. A SUBSTITUTE APPLICATION FORM IS REQUIRED IN THAT INSTANCE.)

SCHOOL YEAR 01 SEPTEMBER 2011 TO 31 AUGUST 2012

**Name:** \_\_\_\_\_

**School:** \_\_\_\_\_

**Roll No:** \_\_\_\_\_

**Payroll Code:** \_\_\_\_\_

**Address for Mailing:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Phone:** \_\_\_\_\_

**INTO Branch:** \_\_\_\_\_

**Branch No:** \_\_\_\_\_

*Please complete and return with payment to:*

**INTO Membership Department, 35 Parnell Square, Dublin 1**

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