

Membership Application For

Inc. Assoc. No: A102195V
ABN: 99 227 911 930

I agree, if admitted to membership, to be bound by the goals and constitution of the Educational Leaders Association (ELA).

Name: _____

Position: _____

Place of employment: _____

Postal Address: _____

Post Code: _____

Email and or Skype: _____

Phone: (work hours) _____

Mobile: _____

Current Employment Status (Tick all appropriate boxes)	<input type="checkbox"/> Educational Leader of 1 service <input type="checkbox"/> Educational Leader multiple services <input type="checkbox"/> Room Leader <input type="checkbox"/> Director <input type="checkbox"/> Coordinator <input type="checkbox"/> Educator <input type="checkbox"/> Teacher <input type="checkbox"/> Other _____
Your Early Childhood qualifications	<input type="checkbox"/> Masters <input type="checkbox"/> Grad Dip. <input type="checkbox"/> Degree <input type="checkbox"/> Advanced Diploma <input type="checkbox"/> Diploma <input type="checkbox"/> Certificate <input type="checkbox"/> Other _____ Currently enrolled Student <input type="checkbox"/> Year enrolled _____
Years in practice as an Educator	<input type="checkbox"/> 0-1 years <input type="checkbox"/> 1 – 5 years <input type="checkbox"/> 5 – 10 years <input type="checkbox"/> 10 years or more
How much time do you have each week to complete your role? (Only include time dedicated to this role & free from contact with children)	<input type="checkbox"/> Less than 1 day <input type="checkbox"/> 1 day <input type="checkbox"/> 2 days <input type="checkbox"/> 3 days or more
How would you describe your current role?	<input type="checkbox"/> FDC <input type="checkbox"/> LDC <input type="checkbox"/> OSHC <input type="checkbox"/> Stand-alone Kindy <input type="checkbox"/> On a school site <input type="checkbox"/> Off school site <input type="checkbox"/> Metro <input type="checkbox"/> Rural <input type="checkbox"/> Regional <input type="checkbox"/> Remote

My interests include; please tick appropriate box:

Professional Education Policy

EDUCATIONAL LEADERS ASSOCIATION

MEMBERSHIP CATEGORIES

- \$50 6 Months Membership** (Employed as an Educational Leader in an approved service).
- \$100 12 Months Membership** (Employed as an Educational Leader in an approved service).

PAYMENT METHODS

- Cash
- EFT DETAILS –**ELA Inc.** BSB: **016 495**. ACC #: **414085446** (Please record your name in the “Message/Reference” field of your Internet Banking site). List your payment receipt # _____

APPLICANT: I acknowledge that I am an Educator under the Education and Care National Law and Regulations.

I accept the Terms and Conditions of Membership, which are available to me on application from Educational Leaders Association Inc.

Signature _____

Date _____

Complete this form, sign, scan & email to: (Secretary) at educationalleaders.aus@outlook.com

Or post to: ELA, P.O. Box 29, Westminster. WA.6061

Receipt: Your receipt and membership details will be issued once the Executive Committee has accepted your membership. Please note this may take up to 30 days.

PRIVACY DISCLAIMER – The collection of these details is primarily so that we can register you as a member of ELA. This information will be stored in the ELA database and may be used for future marketing of ELA events.

If you do not wish your details to be made available, please tick this box [].

If you do not tick the box, then ELA will consider that the individuals completing this form consent to their personal details being used in the manner indicated.