



REGISTRATION FORM

Membership Registration Form 2018/2019

Please complete the following in BLOCK capitals:

Name of Coordinator / Teacher _____

Currently a member? Yes No

School / Centre: _____

School / Centre Address: _____

School /Centre Tel No: _____ School/Centre email _____

Member's mobile number: _____

Member's email address: _____

Names & contacts of other LCA Coordinators & teachers in school/centre (if applicable):

PAYMENT INSTRUCTIONS:

Our bank details are as follows:

Branch: Bank of Ireland, Walkinstown

Account No: 8338 0933 Sort Code: 900287

The membership fee is €25 for or €40 for all staff members in your school

Please make cheque payable to: Leaving Certificate Applied National Association and forward to:

Leaving Certificate Applied National Association,
Dublin West Education Centre,
Old Blessington Road, Tallaght, Dublin 24.
Tel: 086 235 8638
www.lca-association.com

Please note that information will be distributed to members during the year by email and text messaging as much as possible. From time to time we receive requests for coordinators details. Please tick below if you agree to your email address and mobile phone number being passed on to PDS (Professional Development Support)

I agree

Signed _____

Date: _____

