

Associate Membership Application Form

1. PERSONAL DETAILS

Your Full Name:

Gender:

Female

Male

Address:

Telephone No (s):

Fax No

Email Address

Date of Birth

2. CURRENT WORK

Date Started	Job Title	Employer Name & Contact Details	Main Responsibilities

DECLARATION FOR ASSOCIATE APPLICANT

I CONFIRM THAT:

- a. I do not have a criminal record that may prejudice the interests of children.
- b. I have not been dismissed from employment on the grounds of professional misconduct.
- c. I have not been refused membership of a professional body or register in a related field on the grounds of professional misconduct.
- d. I understand that being an Associate of the Irish Play Therapy Association cannot, in any circumstances, be used as a qualification to practise and agree not to misrepresent my status as an Associate of IPTA
- e. The information detailed in this membership application form is true to the best of my knowledge and does not contain any false or misleading information regarding my personal details, qualifications, or employment.

YOUR SIGNATURE:

YOUR FULL NAME:

DATE:

10. ANNUAL FEE FOR MEMBERSHIP

The annual associate membership fee is €35. Renewals due annually in January