

## Membership Application

*Return to: SPSI Secretary, Killinga, Leap, Co. Cork*

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Tel. Home \_\_\_\_\_ Work \_\_\_\_\_

E-mail address \_\_\_\_\_

- I wish to become a student- member of the SCENAR Practitioners Society of Ireland (€50).
- I wish to become / renew my full membership with the SCENAR Practitioners Society of Ireland (€100).

I enclose my annual membership fee of € \_\_\_\_\_.

I understand that I must be a student- member for at least one year before I become eligible to be assessed for accreditation as a Registered SCENAR Practitioner (RSPSI) and to also have fulfilled certain conditions as laid down by the SPSI from time to time. Student-membership shall not extend beyond three years without an assessment by the S.P.S.I Standards and Accreditation sub-committee.

Relevant experience/qualifications (if any): \_\_\_\_\_

Practical assistance, which I may be able to volunteer to the SPSI Committee, if requested: e.g. Bookkeeping ability, computer/web experience, newsletter assistance, public relations experience, other (please specify) \_\_\_\_\_

The membership year is from 1<sup>st</sup> April to 31<sup>st</sup> March. When joining please pay for the future months until end of March.

I agree to abide by the Constitution and Code of Ethics and Standards of the SPSI.

Signature \_\_\_\_\_ Date \_\_\_\_\_