



Membership Form

Membership Registration Form 2018/2019

Please complete the following in BLOCK capitals:

Name of Coordinator:

Currently a member? Yes No

School / Centre:

School / Centre Address:

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School /Centre Tel No:

Email:

Phone /Mobile :

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

PAYMENT INSTRUCTIONS: Our bank details are as follows:

IBAN IE34 BOFI 9002 8783 3809 33

BIC: BOFIEZD

The membership fee is €25.00 (or €40 per School / Centre) Please make cheque payable to: Leaving Certificate Applied National Association and forward to:

Maureen Casey,
LCANA Membership Secretary,
9 Abbeycourt, Clane, Co. Kildare

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)

Signed: Date: