



## Application Form for

## Supervisors Association of Ireland

## Associate Member

### ASSOCIATE MEMBERSHIP

Associate Membership is open to individuals interested in the field of supervision, regardless of their training or occupation.

Associate Members are required to pay the annual subscription and to abide by the SAI Code of Ethics and Practice.

Suitably qualified associate members are entitled to apply for SAI Full Membership and to serve on SAI committees.

*Associate Members may NOT use or quote their Associate Membership in public as if it were a qualification and may NOT represent themselves as a Full Member of SAI.*

### PERSONAL DETAILS *(please use capital letters)*

Surname: \_\_\_\_\_

First name: \_\_\_\_\_ Title: \_\_\_\_\_

Address : \_\_\_\_\_

\_\_\_\_\_

Telephone No. \_\_\_\_\_ Email: \_\_\_\_\_ Gender: F  M   
(Daytime): \_\_\_\_\_

Occupation/s: \_\_\_\_\_

### DECLARATION

*I wish to apply to become an Associate Member of SAI and I agree to be bound by it's Memorandum and Articles of Association.*

*I have read the SAI Code of Ethics and Practice and I agree to abide by it.*

*I understand and accept that I may NOT use or quote my Associate Membership in public as if it were a qualification, that I may NOT represent myself as a Full Member of SAI.*

*I acknowledge that the payment of cash or the acceptance and banking of a cheque does not constitute acceptance of my application for associate membership of SAI.*

*I enclose €50.00 as my membership subscription.*

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

**Return to: Supervisors Association of Ireland**  
**An Croí Wisdom Institute**  
**Tullyallen Village,**  
**Drogheda, Co. Louth.**