



MEMBERSHIP FORM 2018

I would like to apply for membership of the *Association of Teachers of Santa Cruz.*

Name & Surname:

I.D. Number: Date of Birth: Nationality:

Address: Street / N°:

Town:Post Code:

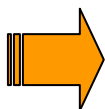
Telephone number: Fax number:

E-mail address:

Degree: Awarded by: Year:

Work at:Position:

Work at:Position:



New members have to submit a **photocopy of their degree** and **ID** and **two passport-sized photographs**. These can be submitted by hand to any Executive Committee member.

Fee 2018 (you pay only once a year)

- **Before March, 31st: \$600**
- **After March, 31st: \$700**

Teachers who are far away from Río Gallegos should mail this Membership Form to apisc2014@gmail.com.

By signing below you affirm that you have read APISC Statutes and agree to be bound by them.

Date:

Signature: