

**CyTEA Membership Application Form**

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| **Membership Application Form** | | | |
|  | **Name** | | **Surname** |
|  |  | |  |
| **Address** |  | | |
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| **Title (Mr./ Mrs./ Dr. etc.)** |  | | |
| **Phone Number** |  | | |
| **Fax** |  | | |
| **Email** |  | | |
| **Complete - Tick Accordingly** | | | |
| **I work at public sector** | Pre-Primary Education | | |
|  | Primary Education | | |
|  | Middle/High School | | |
|  | Tertiary | | |
| **Name of School/Institution** |  | | |
| **I work at private sector** | Pre-Primary Education | | |
|  | Primary Education | | |
|  | Middle/High School | | |
|  | Tertiary | | |
| **Name of School/ Institution** |  | | |
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| **Type of Membership**  You can enjoy all the benefits of becoming a member of CyTEA. Please find more information at <https://cytea.weebly.com/membership.html> | | | |
| **Individual Membership** (€ 20 a year for individuals) | |  | |
| **Institutional Membership** (€ 40 a year for institutions) | |  | |
| Pay by cheque or directly to Bank of Cyprus, CyTEA Account (357011144409). Send bank receipt with the membership application form to the following email: [mdiakou2000@yahoo.com](mailto:mdiakou2000@yahoo.com) or [skourieos@cytanet.com.cy](mailto:skourieos@cytanet.com.cy) and we will send you your membership card. | | | |
| Date | Signature | | |