

**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 or skourieos@cytanet.com.cy and we will send you your membership card.  |
| Date |  Signature |