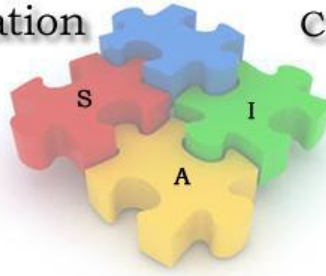


# The Supervisor's Association of Ireland

T: 353-(0)868808592  
E: info@saivision.ie  
W: www.saivision.ie



## Cross-Professional Supervision



### 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.
- They 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 an Accredited Member of SAI.***

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

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

Forename: \_\_\_\_\_ Title: \_\_\_\_\_

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

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

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

Age:  18-25  26-35  36-45  46-60  60+  Other

#### DECLARATION

*I 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 an Accredited 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  
C/O All Hallows College,  
Drumcondra,  
Dublin 9  
Ireland***