



MEMBERSHIP FORM

INDIVIDUAL APPLICATION

Membership Renewal

New Membership

CPA #
(if known)

Recognised Level of Training (that you've completed)

Classroom Profiler

- Classroom Profiler Level 1 \$40.00
- Classroom Profiler Level 2 \$50.00

Classroom Profiling Instructor

- Classroom Profiling Instructor Level 1 \$60.00
- Classroom Profiling Instructor Level 2 \$70.00
- Classroom Profiling Instructor Level 3 \$80.00

Trained by _____
(Name of Instructor)

Location _____
(Training Venue)

First Name:	Surname:
School:	
Mobile:	Email:

Please accept my application/renewal to the Classroom Profiling Association Inc. for 2020/2021.
I confirm that I undertook training with an endorsed Classroom Profiling Instructor.

Signature

Date

Payment Method

- School to be invoiced Email Address to use for Invoice:
- Invoice me directly

**** DO NOT PAY ON THIS FORM – WE WILL SEND YOU AND INVOICE ****

Complete form and send to info@classroomprofiling.com

Office Use

Registration date _____

Membership Number _____

Entered

Email Confirmation sent

Date completed _____