



MEMBERSHIP APPLICATION FORM (MACE)

ACE is the longest serving and most prestigious professional association for Educators throughout Australia. ACE is committed to representing the education profession and providing valuable services and support to all educators across all sectors, systems, subjects and levels. Membership applications to ACE are assessed against a number of criteria including service to the education profession and ability and willingness to actively contribute. Membership applications are assessed by the ACE National Office and recommended to the ACE National Board for approval. Once an application to become a member of ACE has been approved, the applicant will be contacted by the ACE National Office to finalise their membership subscription.

Contact Details

Title: _____ First Name: _____ Last Name: _____

Employer Name/s: _____

Current Position/s: _____

Work E-Mail: _____ Personal E-mail: _____

Postal address: _____ Suburb: _____ State: _____

Postcode: _____ Phone: _____

Education Sector: Early Childhood Primary Secondary Tertiary VET Adult Ed

Teacher Registration Number: _____ Year registered: _____ State registered in: _____

Education Qualifications (please provide details of formal education qualifications held e.g. Bachelors Degree)

Title: _____ Institution: _____ Year Conferred: _____

Title: _____ Institution: _____ Year Conferred: _____

Title: _____ Institution: _____ Year Conferred: _____

Title: _____ Institution: _____ Year Conferred: _____

Education Certifications

Highly Accomplished Teacher: Year Awarded: _____ Certified Practicing Principal: Year Awarded: _____

Lead Teacher: Year Awarded: _____

Other (please specify)

Title: _____ Year Awarded: _____ Title: _____ Year Awarded: _____

Title: _____ Year Awarded: _____ Title: _____ Year Awarded: _____

Awards/Achievements (you may be required to provide evidence of awards/achievements)

Current professional memberships (please specify the name of the organisation and the year joined):

Name: _____	Year Joined: _____	Name: _____	Year Joined: _____
Name: _____	Year Joined: _____	Name: _____	Year Joined: _____
Name: _____	Year Joined: _____	Name: _____	Year Joined: _____

Referees (current ACE members preferred)

Name: _____	Phone: _____	E-Mail: _____	ACE Member (Y/N): _____
Name: _____	Phone: _____	E-Mail: _____	ACE Member (Y/N): _____

As a member of the Australian College of Educators I will be available and willing to contribute to the following areas and activities (please indicate which areas you are able to actively contribute to)

Branch Committees Chair: Member: Working Groups:	Awards Assessment: Promotion: Record Keeping:	Social Media Moderating: Contributing: Promotions:
Events Co-Ordination Sourcing potential speakers: Promotion:	Publications Sourcing articles/contributors: Editing: Peer Review: Branch Newsletters: Proof reading:	State Archives Assessment: Maintenance: Reporting:
Events Delivery Registration Desk: Photography: Social Media:		Special Interest Groups Establishing & Co-ordinating: Member:

Declaration:
By submitting this application for membership to the Australian College of Educators, I certify that all the information provided is true and correct to the best of my knowledge.

If you have been given a special application code, please add it below

An annual full membership subscription to the Australian College of Educators is \$298.
Membership with the college becomes active upon payment of the subscription invoice.
Use of College post-nominals (including FACE) and access to College support, services and products are directly tied to financial membership of ACE

