

AAIBS Membership Application/Renewal for 2016/17

Directions: Please confirm all of the details below are correct and add/amend as appropriate. Once completed please return the Application Form together with a copy of the Invoice for Membership to Brett Darcy, Treasurer, AAIBS at Brett.Darcy234@schools.sa.edu.au or fax to +61 8 8332 0052

School Contact details:		
School Name:		
School Address:		
City:	State:	Postcode:
Country:		
Principal's Name:		
Principal's Email Address:		
School Phone Number:		

Programme/ IB Coordinator details:

Directions: Please ensure details are completed as appropriate for your school

PYP Programme	
(please tick as appropriate)	
() authorised	() candidate () NA
Coordinator Name:	
Coordinator Email:	
Coordinator Phone:	
MYP Programme:	
(please tick as appropriate)	
() authorised	() candidate () NA
Coordinator Name:	
Coordinator Email:	
Coordinator Phone:	
DP Programme:	

ABN 38 129 667 431

PO Box 823, Heathmont VIC 3135

W: www.aaibs.org

E: office@aaibs.org



