



ICAE MEMBERSHIP APPLICATION FORM

Membership Category

Please check the category for which you are applying:

Ordinary member (full voting) _____

Associate member (non voting) _____

Individual member (full voting) _____



Name and acronym of organization/individual

In working language: _____

In English (if any): _____

In French (if any): _____

In Spanish (if any): _____

Address: _____

Place/City: _____ Postal Code: _____ Country: _____

Telephone: _____ Fax: _____

E-mail: _____ Website: _____

Please attach the following information:

- Recommendation letter from an ICAE national or regional member: _____
(please indicate the name of the organization that has issued the recommendation letter)

and one of the following documents:

- Constitution/by-laws
- Mission statement and/or aims
- Annual report for the last year
- Annual turnover

To become a member of ICAE your organization has to be involved in at least one of the following issues, please mark accordingly:

- Adult education and lifelong learning
- Literacy and basic education
- Advocacy in youth and adult education
- Education of older people
- Grassroots communication and information efforts
- Local community development
- Education and gender
- Work related education
- Citizenship education, democracy and active citizenship
- Education in prisons
- Peace education, human rights and conflict resolution
- Globalization and social movements
- Social justice and poverty reduction
- Training of adult educators
- Health care and/or health education

Membership Fee

Ordinary members

- USD 200 Organizations with annual turnover up to USD 250,000
- USD 400 Organizations with annual turnover between USD 250,001 and USD 500,000
- USD 600 Organizations with annual turnover between USD 500,001 and USD 1,000,000
- USD 1,000 Organizations with annual turnover between USD 1,000,001 and USD 2,000,000
- USD 2,000 Organizations with annual turnover between USD 2,000,001 and USD 5,000,000
- USD 3,000 Organizations with annual turnover of USD 5,000,001 or above

Associate members

- USD 300

Individual members

- USD 150 + voluntary contribution

Solidarity Fund

We/I would like to make a solidarity contribution of:

- USD 100 USD 300
- USD 600 Other amount: USD _____

Signature: _____

Name in block letters: _____ Place and date: _____