

ICAE MEMBERSHIP APPLICATION FORM

	Membership Category Please check the category for which you Ordinary member Individual member Name and acronym of organizat		ICAE INTERNATIONAL COUNCIL FOR ADULT EDUCATION
	In national language: In English: Working language of the organisation (E		
	Contact details		
	Address:		
	Place/City:	Postal Code: Countr	
_	E-mail:Application	Website:	
	Please attach the following information	n: E national or regional member, or recome	ending person:

(please indicate here 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 Other			
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 Individual members USD 150			
Signature:			
Name in block letters: Place and date:			