

Associate Membership Form

Full Name of Organisation			
Registered Address			
Why would you like your school/ organisation to become an associate member of Camden Learning?			
<i>To ensure we get to the right person in your school or organisation for CPD training, schools improvement services and other events, please indicate your schools/ organisations key members contacts.</i>			
Details of your Key Schools/ Organisations Contact(s)			
Name		Name	
Title		Title	
E-mail		E-mail	
Telephone No.		Telephone No.	
Name		Name	
Title		Title	
E-mail		E-mail	
Telephone No.		Telephone No.	

Declaration

I wish for to apply for Associate Membership of Camden Learning, in the knowledge we will be obliged to comply with the rules of the Company to avail ourselves of the benefits and services offered by Camden Learning.

Name:.....

Signature:.....

Date:.....

Please forward your completed application to customersupport@camdenlearning.org.uk

(N.B. Associate Membership application decisions are determined by the Board of Directors of Camden Learning)