

APPLICATION FOR MEMBERSHIP  
Coalition for Educational Development

Membership No

1 Name of the Applicant


2 Nature of the Applicant

1.Individual	
2.National Organisation	
3.International Organisation	
4.Community Based Organisation	
5.Trade Union	
6.Intelelectuals' Association	

3 Form of the Applicant

1. Individual	
2.Incorporated organisation	
3.Unincorporated organisation	

4 Address of the Applicant


5 Contact Details

Tele	
E-mail	
Fax	

6 Relevent law applicable to the applicant

Act of Parliament	
Registrar of Companies Act	
Social Service Act	
Other,.....	

7 Geographic work area of the Applicant

Districts	
Divisions	

8 Registration Number

9 Date of Registration

10 How long you have been involved in education sector activities?

11 Experinece of the applicant in education related work

Date	Name of the Project/Activity	Objectives	Results

11 If Applicant is an organisation , details of representative

Name	
Designation	
Tel	
E-mail	

I declare that I/my organisation agree with the vision, mission and objectives of CED and its engagement with the campaign for free and public funded education

\_\_\_\_\_  
Signature of the Applicant

\_\_\_\_\_  
Date

Recommendation by a District Coordinator, Member of Board or NC

I hereby recommend this application .

Name of the recommendor \_\_\_\_\_  
Designation \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

For Office Use Only

Received Rs. ....by cash,/M.O/Cheque being the membership fee for the  
year .....

If the payment is made by other than cash

Name of the Bank .....  
Branch .....

.....  
Signature of the Treasurer/ Accountant

Enroled as a member of the Coalition at the executive meeting held on .....

Membership No .....

.....  
President / Secretary