



The Global Alliance for Education
CORPORATE MEMBERSHIP

Application Form

ORGANIZATIONAL DETAILS

(If a subsidiary organization, please provide parent company name in the relevant space.)

Organization Name _____

ABN number _____

Registered Date _____

Registered Office _____

Suburb _____ State _____ Postcode _____

Country _____

Parent Company (if applicable) _____

Website Address _____

EMPLOYEES NUMBERS

< 10 10 - 49 50 - 99

100 – 499 500 - 999 more

COMPANY TYPE

Listed Public Government

Unlisted Public Non-Profit

Proprietary Limited Association

Partnership Sole Trader

MAIN BUSINESS ACTIVITY

English Learning Course Primary Education

Vocation Education and Training Secondary Education

Professional Development Courses College Education

University/Higher Education

EDUCATION PROGRAM YOU DESIRES TO DEVELOP WITH GAE

Interntional Exchange Program Academic Forum Program

Overseas Jointventure Education Program

Other(pleae specify):

PRIMARY CONTACT

(Please provide the name and details of the person authorised to advise changes of contact details, representatives and to receive GAE information.

Title _____ First Names(s) _____

Surname _____

Positional Job Title _____

Division/Department _____

Tel _____ Fax _____

Mobile _____

Email _____

CORPORATE REPRESENTATIVE

(Pease nominate two persons as Company Representative in GAE Programs.)

Title _____ First Names(s) _____

Surname _____

Positional Job Title _____

Division/Department _____

Tel _____ Fax _____

Mobile _____

Email _____

Title _____ First Names(s) _____

Surname _____

Positional Job Title _____

Division/Department _____

Tel _____ Fax _____

Mobile _____

Email _____

AUTHORISATION

Signe here _____

Date _____

Name _____