



AELERT AGENCY MEMBERSHIP APPLICATION

Applicant Organisation:

(insert agency or organisation name)

Application Type (please tick as appropriate)

- Full Member Agency
- Affiliate Member Agency

Application Requirements

- The agency has read and commits to the membership principles outlined in the AELERT Charter.
- The agency has attached a short statement justifying their membership on the grounds of the agency's regulatory responsibilities or mutual benefits that will arise from their membership.
- The agency has nominated a staff member to be their Primary Contact for AELERT matters:

Name:

Job Title:

Email:

Phone:

Signed on behalf of the organisation by:

Name:

Job Title:

Signature:

Date:

Please send the completed form, along with a statement justifying your agency's membership, to secretariat@aelert.net.