**APPLICATION FOR MEMBERSHIP**

**[please insert name of university]** seeks to become a member of the Council of Australasian University Leaders in Learning and Teaching (CAULLT) and nominates **[please insert name of institutional nominee]** as the University's representative ('institutional nominee') to CAULLT, until the University notifies CAULLT otherwise.

*Please complete the form below and return it to the CAULLT Secretariat for consideration by the executive committee. Please see* [*www.caullt.edu.au*](http://www.caullt.edu.au) *for membership benefits.*

| **Name of institution** |
| --- |
|  |
| **Type of membership** |
| □ Full membership (*2,500 AUD)*□ Affiliate membership (*1,250 AUD)* |

| **Details about your institution** |
| --- |
| Please tell us more about your institution (size, location, mission, etc.) |
|  |
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|
| **Please tell us about your reasons for wanting to join CAULLT** |
|  |

| **Details of institutional nominee** |
| --- |
| Name and title: |  |
| Position title: |  |
| Department/ Unit: |  |
| Mailing address: |  |
| Phone: |  |
| Email: |  |
| **Details of two designated alternates (recommended, but optional)** |
| **Alternate 1** |  |
| Name and title: |  |
| Position title: |  |
| Department/ Unit: |  |
| Mailing address: |  |
| Phone: |  |
| Email: |  |

| **Alternate 2** |  |
| --- | --- |
| Name and title: |  |
| Position title: |  |
| Department/ Unit: |  |
| Mailing address: |  |
| Phone: |  |
| Email: |  |

**This form requires authorisation by a senior executive of the university**

| Name: |  |
| --- | --- |
| Position title: |  |
| Signature: |  |

Date: