**Membership Application Form -** **Institutional membership**

Please fill in the form and send it to: info@icc-languages.eu

**Institutional Details**

|  |  |
| --- | --- |
| Name of the Institution |  |
| Address  |  |
| Phone |  |
| Fax |  |
| E-Mail |  |
| Web |  |
| Name of person to be contacted |  |
| Legal Status |  |
| Established in |  |
| Number of Centres |  |
| Number of Language Learners p.a. |  |
| Number of Teaching Staff (full time) |  |
| Number of Teaching Staff (part time) |  |
| Qualification of Teaching Staff |  |

**Information about Institution**

|  |  |
| --- | --- |
| Educational Aims |  |
| Course Types |  |
| Target Learners |  |
| Language Programme |  |
| Certificates offered |  |
| Other Memberships / Partnerships |  |

*Please mark your selection clearly,
e.g. by marking* ***X*** *in the field below.*

**I / We wish to apply for Institutional Membership**

|  |  |
| --- | --- |
| **EUR 250,00 / year** |  |

*Please mark your selection clearly,
 e.g. by marking* ***X*** *in the field below.*

**Would you like to be listed as a member on the ICC Website?**

|  |  |
| --- | --- |
| Yes |  |
| Please fill in the information to be published about your Institution |  |
| No |  |

**How did you hear about ICC Membership?**

|  |  |
| --- | --- |
| Personal invitation |  |
| Word of mouth |  |
| Internet |  |
| other |  |

By submitting this form to info@icc-languages.eu you agree to the rights and duties as laid out in the articles of the association.