



Membership Application Form

Membership of the Association is available to both organizations and individual practitioners who wish to demonstrate their commitment to excellence in learning and customer service, and to network with a leading professional community.

Completing the Form

The form aims to provide the ALA with sufficient information on its membership to help deliver the Association's mission.

Applicants are required to commit to the principles of the ALA Code of Conduct

Membership Categories

Individuals may apply for Individual membership. **Organizations** may apply for organizational membership and may register additional individual members as below.

Individual membership: Free
Organizational membership: Free

Joining fee:

- *Individual* \$30
- *Organization* \$45

Application Approval

The Association is very conscious of the significance of the information which may be provided by applicants. Accordingly it treats this information as strictly confidential.

Your application will be considered by the General Manager of the ALA following a procedure established by the Association's Board of Directors. Applicants for membership will usually receive a written response within two weeks of their application.

When you have completed your application, please send your form and any other supporting documents to:

Project Support & Administration Manager
The American Learning Association
6100 Neil Road Suite 500,
Reno NV 89511
USA

Name of Organization/Individual:

Full Address:

Tel:

Fax:

www:

Membership Category applied for:

- Individual
 Organization

Name of principal contact

Position

Email

Additional Members:

Name

Position

Email

Address (If different from above)

Name

Position

Email

Address (If different from above)

The ALA's membership has been developed in sectors to reflect members' involvement in learning activities. Please indicate the category heading which most closely describes your sector.

Learning provider

Education sector

- American educational institutions
 Other education providers
 Schools

Individual practitioner or consultant

Public library

Business support or research organization

professional training body

Learning Activities:

Which of the following best describe your/your organization 's learning activities (please tick all that apply):

- Learning resource development
 Learning center management
 Learning resource provision
 Learner support
 E-learning delivery
 Consultancy
Other _____

If you are in the business of supplying products and services to external customers please indicate on the following list those that you are able to provide:

- Feasibility studies Policy development
 Materials selection Materials adaptation
 Consultancy on Consultancy support methods
 Supply of third party products

Learning resource development for:

- Text based open learning Assessment
 Audio Trainer training
 Video Advice & guidance to learners
 CBT/Multimedia Learner support
 E-Learning Costing advice
Other _____ Learning resource center systems
 Evaluation services

The above information would be helpful to the ALA in answering enquiries from outside organizations seeking assistance from ALA members. Please indicate if you do not wish this information to be used by the ALA for this purpose by ticking the box

I, the undersigned, confirm that:

- 1 I have read the ALA Code of Conduct relevant to our organization's/my learning activities. I confirm our/my commitment to good practice in learning and customer service and will follow the principles of the ALA Code of Conduct as amended from time to time.
- 2 The information provided represents a true statement of my organization's/my commitment and capability and may be stored on a computer for the Association's use . The Association will treat the information provided in this application as confidential.
- 3 I understand that once accepted as a member of the ALA a Membership Certificate will be forwarded upon payment of the first annual subscription and that membership is for a minimum of 12 months. Membership will then run continuously subject to payment of annual subscriptions which are due on the anniversary of the date of joining.
- 4 I understand that membership of the ALA may be terminated by either party subject to 3 months written notice to that effect. No refund of any part of the annual subscription is payable for any period of the membership of less than one year.

Signed: _____ Date: _____
(to be signed by the senior manager/officer or the principal contact - see page 2)

Please indicate your method of payment:

(Please note that payment will not be processed until your application has been approved)

- Cheque enclosed
- Please invoice me against Order Reference _____
- Bank transfer - please send necessary information
- Please debit my VISA/MASTERCARD

CARD NUMBER _____

EXPIRY DATE _____

Security Code _____ (last 3 digits on back of card)

Cardholder's name _____

Cardholder's address *(if different from registration address)*

Total amount payable _____

Cardholder's Signature _____

_____/_____/_____
Today's date