

JOHANNESBURG COUNCIL for ADULT EDUCATION!

FORM OF APPLICATION FOR AFFILIATION.

Full name of Organisation:.....

Office or Secretarial Address:.....

Telephone:.....

State briefly the objects of your organisation:.....

.....
.....

Has your organisation a Constitution or set of rules ?.....
(if so, a copy should accompany this application).

Outline briefly the activities of your organisation which you
consider fall within the scope of the Adult Education movement:

.....
.....

..... Total Membership:.....

Sources of Finance (State in particular whether grants are received
from any government or municipal body):

.....
.....

Is your organisation (a) a National Headquarters with or without
branches in Johannesburg (b) a Local branch of a larger organisation
or (c) a separate organisation existing only in Johannesburg? :....

.....

Are any organisations in Johannesburg affiliated to yous ? (if so
please name them) :

.....

Is your organisation affiliated to any other organisation ? (if so
please name it) :

.....

Is your organisation affiliated to any other local council for
adult education ? (if so please name it)

.....

State which group you consider your Organisation should fall into
(The groups are : Art, Music and Theatre; Fraternal; Learned; and
Scientific; Religious; Welfare; Youth) and Hobbies):

.....

I hereby apply on behalf of the.....
for affiliation to the Johannesburg Council for Adult Education.

Date.....

Signed.....

.....

Note: This form must be signed by the Chairman or Secretary of the
Organisation.
The affiliation fee of one guinea may accompany this application.
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