International Council on English Braille
Application for Associate Membership Form

When complete, this form should be sent to the ICEB President via info@iceb.org.

# About Associate Membership of ICEB

As per the ICEB Constitution 4.1.2:

 (a) Associate Membership is open to all nations which do not meet the criteria for Full Membership, as well as to organizations and individuals.

(b) Associate members do not have voting rights in ICEB.

As per the ICEB Constitution 4.2:

4.2.3 Associate Members have the right to:

(a) attend all meetings of the General Assembly as observers; and

(b) be placed on the official ICEB mailing list to receive materials distributed to Full Members.

4.2.4 Associate Members have the responsibility to:

(a) pay the required annual membership fee by the due date;

(b) submit the names of Associate Member observers to the General Assembly to the Secretary by the due date.

(c) pay all costs to participate in the General Assembly.

As of 2016, the annual subscription fee for Associate Membership of ICEB is US$300, payable on the 1st of January each year.

Partial fees can be negotiated until 1 January the following year for members joining mid-year.

# About you

1. Please outline your role and mission in relation to braille standards and usage.
2. Why are you interested in joining ICEB?

### Contact details

Nation or organisation

Name:

Website:

Email:

Address:

Contact person 1

Name:

Email:

Address:

Phone:

Skype name:

Contact person 2

Name:

Email:

Address:

Phone:

Skype name:

# Declaration

I hereby declare that I am authorized to act on behalf of [organisation name].

I hereby apply for Associate Membership of the International Council on English Braille on behalf of [*country/organisation/individual*].

[For countries only] I hereby declare that [*country name*] is not eligible for Full Membership of ICEB as:

* it does not have a national standard-setting body for braille
OR
* there is not a substantial use of English or English language braille

I hereby state our willingness to comply with the purposes of the International Council on English Braille and its observer member obligations, as stated above in the Constitution, Bylaws and Policies of the International Council on English Braille given at <http://iceb.org>.

I hereby affirm our ability to pay the costs involved in ICEB membership, i.e. annual fees and participation at ICEB General Assemblies and mid-term meetings.

Signature:

Name:

Position:

Date: