



~ MEMBERSHIP APPLICATION ~

NAME OF INSTITUTION	
Street Address	
Postal Address	
E-MAIL	
URL	
OFFICE PHONE	
FAX	
Representative Name	
Representative Title	
Representative	Cell _____ Office No. _____
Description of Education / Training Programmes Offered (also please attach all relevant documentation to application)	
Number and location of Campuses Operated	
Number of years in existence	
Number of enrolled learners	
Accreditation By SETA: Provide Details / Numbers/ Dates	
Registration Status: Department Education: Provide Details / Numbers / Dates	
Industry Governing Body Membership Held: Provide Details / Membership Currency Period.	

I, _____, representative of _____

Hereby apply for membership of the CCEA and undertake, if accepted, to uphold its ideals and constitution and to consider its code of conduct binding on this institution.

SIGNATURE

DATE

OFFICIAL STAMP