

## Languages and Cultures Network for Australian Universities, Inc.

### Application for Membership

#### Name of applicant

Title \_\_\_\_\_ First Name \_\_\_\_\_ Surname \_\_\_\_\_

#### Preferred contact address

Street \_\_\_\_\_

Suburb \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

#### Institution/Organisation

Institution name \_\_\_\_\_

Position \_\_\_\_\_

Program \_\_\_\_\_

School \_\_\_\_\_

Faculty \_\_\_\_\_

Professional \_\_\_\_\_

language affiliation \_\_\_\_\_

*I desire to become a member of the Languages and Cultures Network For Australian Universities Inc. In the event of my admission as a member, I agree to be bound by the rules of the Association for the time being in force.*

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

*Once you have completed this form, please send it along with proof of your membership payment (if you have paid by credit card or direct deposit) to LCNAU Treasurer ([kayoko.enomoto@adelaide.edu.au](mailto:kayoko.enomoto@adelaide.edu.au)). You will receive your receipt and a copy of LCNAU rules shortly afterwards.*