



# Chinese Language Teachers Association of NSW Inc

新南威尔士州中文教师协会 A.B.N. 39 617 199 151

APPLICATION FORM FOR MEMBERSHIP 2026

(1 January 2026 – 31 December 2026)

Please complete form in English and only in Chinese when specified

## Membership Fee

FREE

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ (中文) \_\_\_\_\_

Institution/School: \_\_\_\_\_

Work address: \_\_\_\_\_

Tel (W): \_\_\_\_\_ Mobile: \_\_\_\_\_

Email address: \_\_\_\_\_

Home address: \_\_\_\_\_

## Membership Eligibility

- Teaching Chinese language at a tertiary, secondary, primary and/or community schools
- Participated or willing to participate in CLTANSW professional activities

## About You (please select as appropriate)

- Are you teaching
  - At day school including Secondary College of Languages: Part time      Full time      Casual
  - Community Language School
  - University / Tertiary Institute
- Are you Primary School      Secondary School      Other      trained?
- I would like to support the Association by: ( eg.presenting a workshop / volunteering at conference or workshop etc.)
- Have you any specialties eg. dance, painting, calligraphy, craft etc.? Please specify:

Please email the completed form to CLTANSW membership committee via [office@cltansw.org](mailto:office@cltansw.org)

Membership enquiry: [office@cltansw.org](mailto:office@cltansw.org)

Signature:

Date: