**Action Learning, Action Research Association Ltd**

 **Membership Level Review Form**

I,

 Family Name Given Name:

request that the Action Learning, Action Research Association Ltd (“ALARA”) review my Level of Membership in ALARA.

My current Level of Membership is , my Membership Renewal Date is       and I am currently a Financial Member.

[Please complete the criteria for the Level of Membership for which you wish to be considered – see details of criteria.]

**Associate Fellow:**

1. Qualifications

Certification: [ ]  Master: [ ]  Doctorate: [ ]

Details of qualifications:

1. Active engagement in Action Learning or Action Research within last three years

[Please provide details of projects of direction of 6+ months or presentations at conferences or published articles]

**Fellow:**

1. Qualifications

Master: [ ]  Doctorate: [ ]

Details of qualifications:

1. Active engagement in Action Learning or Action Research within last three years

[Please provide details of projects of direction of 6+ months or presentations at conferences or published articles]

1. Active contribution to Action Learning / Action Research community for more than five years

[Please provide details of contribution through presentations, publications, facilitation, leadership or involvement in ALARA]

1. Active contribution to ALARA in last two years, or extensive history of contribution to ALARA

[Please provide details of contribution through presentations or support at ALARA events, submissions or support of ALARA publications, or leadership or involvement in ALARA]

[Please print, sign and date OR type in registered email address and date. When complete, send to ALARA Secretary]

      Date: