

Complete the form below to sign up for CLV membership.

▶ School Information

- Name of School:
- Address:
- Email:
- Website:
- ABN:
- Language Taught:
- Levels Offered:

▶ Principal Details

- Name:
- Position:
- Mobile:
- Email:

▶ Secondary Contact

- Name:
- Position:
- Mobile:
- Email:

MEMBERSHIP FORM



ABN 44 646 483 627

▶ **Number of Locations** (*we require this information for insurance purposes*)

Campus Address	No. of Students	Day	Time	Region	Local Council

▶ **Do you offer VCE?**

- Yes
- No

If YES, number of students enrolled in 2026:

VCAA School Code:

▶ **Do you have a Parents' Association / School Council?**

- Yes
- No

▶ **If you own your school premises, how much is your annual cost of upkeep?**

▶ **If you rent your school premises, how much is your rental cost per year?**

▶ **Total number of rooms used:**

MEMBERSHIP FORM



ABN 44 646 483 627

► Number of Students Per Year Level:

Level	No. of Students	Level	No. of Students	Level	No. of Students
F		G5		Y10	
G1		G6		Y11	
G2		Y7		Y12	
G3		Y8			
G4		Y9			

► Teachers' Qualifications:

Australian Primary Teacher Qualification	Australian Secondary Teacher Qualification	Overseas Primary Teacher Qualification	Overseas Secondary Teacher Qualification
Australian Qualification Other Than Teaching	Overseas Qualification Other Than Teaching	Teachers That Have Taken Language Methodology Course Through CLV	Teachers With No Qualifications

MEMBERSHIP FORM



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▶ **Do you agree to have your school information published on the CLV Website or any other publication?**

- Yes
 No

▶ **Do you authorise CLV to release your school details?**

- Yes
 No

Information collected will be used for membership administration, insurance, reporting, and sector advocacy in line with CLV's Privacy Policy.

▶ **Please sign, print your name and provide position held:**

- Name:
- Position:
- Date:
- Signature:

▶ **ANNUAL MEMBERSHIP FEE ***Only applies to non-accredited/non-funded schools*****

If you are a new CLS applying to be a member school, please transfer \$30 AUD to the following account and send a screenshot of payment receipt to: info@communitylanguages.org.au

Once payment is received, confirmation of membership will be emailed to your nominated contact.

Community Languages Victoria

BSB: 033 390

Account Number: 483 896

Reference: Indicate your school name and "membership year" as reference description

Contact Information:

- 03 9349 2683
- Level 2, 189 Faraday Street, Carlton VIC 3053
- info@communitylanguages.org.au
- www.communitylanguages.org.au