



## Celebrating Cultural Diversity Network Membership form for Organisations

Full Name: .....

Organisation/ Company Name:.....

Your Role within the organisation.....

Address: .....

City: .....

Postal code: .....

Email: .....

Telephone number(s): .....

Please describe the Cultural heritage & ethnic descendents that the describe the members of your Senior Management:

.....  
.....  
.....

List three priorities that you would like the CCDNetwork to focus on:

.....  
.....  
.....

What can you offer the CCD Network?

.....  
.....  
.....

Signature: .....Date:.....