

Association for Language Learning University of Leicester 106 New Walk Leicester LE1 7RH **T**: 0116 229 7600 **F**: 0116 223 1488 <u>info@all-languages.org.uk</u> www.all-languages.org.uk

Concessionary Membership Confirmation Certificate

Full name: Address:

Telephone number: Email address:

Membership number: Start date:

End date:

I hereby confirm that I am entitled to concessionary membership of ALL because:

I am retired Please give your date of retirement:

I am currently not working Please give details:

□ I am working part time

Please give your organisation details: Name: Address:

Telephone number: Hours worked per week:

I am a primary teacher

Please give your organisation details: Name: Address:

Telephone number:

I am a trainee teacher

Please give your training provider details: Name: Address:

Telephone number:

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