

Membership Application Form

Alliance Academie Association

Applicant Information

Name:

Address

Phone Number and e-Mail:

Agreement

I hereby apply for membership in Alliance Academie and agree to abide by its rules, policies, and code of conduct. I also agree to the following:

- 1) All the Terms and Conditions in the contract signed by our Chairperson. A copy has been made available to me in the Faculty Room of our Virtual Office.
- 2) Grant the association's chairperson the right to receive the official Hawthorne invoice from the Consultant every quarter. Should I, the Freelancer, need a copy of the Hawthorne invoice, the association's chairperson will provide me with the copy of the Hawthorne invoice.
- 3) Grant the association's chairperson the right to vote in my behalf regarding any change in processes in Power Tutorial concerning the Freelancers. Once rolled-out, all changes are announced in the Virtual Office to which all Freelancers like us have access to and I have been informed that I can course my concerns about operational processes through the chairperson or directly to the Consultant, if there is any, via e-mail.

Signature:

Date: