UN Global Compact Labour Working Group
Child Labour Platform

Membership Commitment Form

1. CONTACT INFORMATION

Name:

Organization Name:

Organization Type:
- Business [ ]
- Employers’ organization [ ]
- Workers’ organization [ ]
- Civil Society [ ]
- Academia [ ]
- Other (please explain)

Address:

Email:

Phone:

Alternate Contact:
(Please indicate the name and contact details of an alternate from your organization who will receive emails and who may participate in your place.)

Name:

Email:

Phone:
2. INDICATION OF INTEREST

☐ My company/organization would like to participate in the Child Labour Platform

3. MEMBERSHIP FEE

<table>
<thead>
<tr>
<th>Company Size (employee #)</th>
<th>Membership fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>10 to 244</td>
<td>TBC</td>
</tr>
<tr>
<td>&gt;250</td>
<td>USD 20,000</td>
</tr>
<tr>
<td>Organization other than business</td>
<td>TBC</td>
</tr>
</tbody>
</table>

4. RATIONALE:

Please provide a brief explanation of your company/organization’s interest in being part of the Child Labour Platform. What does your organization seek from being a member? In joining the CLP, what contribution would your organization bring to the achievement of the CLP’s objectives?

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Thank you for your time.