

# UN Global Compact Labour Working Group Child Labour Platform

## Membership Commitment Form

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### 1. CONTACT INFORMATION

Name:

Organization Name:

Organization Type:

- |                         |                          |
|-------------------------|--------------------------|
| Business                | <input type="checkbox"/> |
| Employers' organization | <input type="checkbox"/> |
| Workers' organization   | <input type="checkbox"/> |
| Civil Society           | <input type="checkbox"/> |
| Academia                | <input type="checkbox"/> |
| 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:

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## 2. INDICATION OF INTEREST

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

## 3. MEMBERSHIP FEE

Company Size (employee #) 10 to 244

Company Size (employee #) >250

Organization other than business

☐ Membership fee TBC

☐ Membership fee USD 20,000

☐ Membership fee TBC

## 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.