AUAP MEMBERSHIP APPLICATION FORM

**President / Rector Information**

**Last Name**.…………………………………….**First Name**…………………………… **Prefix**……………………

**Title (Position)**…………………………………………………**From**………………**To**……………………………

**Address**…………………………………………………………**City**................................................................

**State/ Province**………………………………………….**ZIP Code**………………..**Country**……………………...

**Email**…………………………………………….**Phone**………………………….**Fax**……………………………..

**Secondary Institutional Contact**

**Last Name**.…………………………………….**First Name**…………………………… **Prefix**……………………

**Title (Position)**…………………………………………………**From**………………**To**……………………………

**Address**…………………………………………………………**City**................................................................

**State/Province**………………………………………….**ZIP Code**………………..**Country**……………………...

**Email**…………………………………………….

**Institutional Information**

**Name of Institution**……………………………………………**Year Founded**………………………..

**Address**…………………………………………………………**City**…………………………………….

**State/ Province** ………………………………… **ZIP Code**…………………**Country**……………….

**Email**…………………… **Phone**…………………… **Fax**……………………………..

**Website (URL)**……………………………………………………………………………

**Student Enrollment Under 🞅 5,000 🞅 5,000 - 10,000 🞅 10,000 - 15,000 🞅 15,000 - 25,000 🞅 Over 25,000**

**Courses □ Undergraduate □ Graduate □ PhD/Doctorate □ Research activities**

**Institutional Accreditation**

**Accredited? 🞅Yes 🞅 In-Process 🞅 No Name of Accrediting Body**

**Address** ………………………………………………………**City**……………………………………..

**State/Province** ………………………………..**ZIP Code** ……………**Country**……………………..

**Information update form can be forwarded to the AUAP Secretariat via email:** [**auapmemberf@gmail.com**](mailto:auapmemberf@gmail.com)

**Type of Membership**

* **Regular membership** is open to the chief executive officers of accredited and recognized universities.
* **Associate Membership** is reserved for Non Education Sectors or their equivalent.

**Fee (USD)**

|  |
| --- |
| **□ AUAP Membership Fee (1) Year: $ 800**  **□ AUAP Membership Fee (2) Year: $ 1,600**  **□ AUAP Membership Fee (3) Year: $ 2,400**  **□ AUAP Membership Fee (4) Years : $ 3,200 ( AUAP-ZU Scholarships)** |

**Note: Please pay a full membership fee excluding bank charges, in order to have full membership receipt.**

***\* Membership fees are valid from July 1st – June 30th of the payment period.***

|  |  |
| --- | --- |
|  |  |
|  |  |