MEMBERSHIP APPLICATION

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:
auapheadquarter@gmail.com or auapheadquarter1995@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)

- **Annual Membership AUAP (1 Year) : $800**
- **Years Membership AUAP (3 Years) : $2,000**

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

From Year…….**To Year**…….

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

Method of Payment

By filling out this section, you are authorizing payment to IAUP for the corresponding membership fees.

Method **Bank Wire Transfer / Cheque**

WIRE TRANSFERS

To ensure efficient processing of wire transfers, please forward a copy of this application form along with a copy of the bank transfer document to Professor Dr. Ricardo P. Pama, Secretary General, AUAP Secretariat, at auapheadquarter1995@gmail.com. Please make sure the member's name and institution appear on the copy of the bank transfer, to ensure that you are properly credited.

Beneficiary:	**AUAP-SUT**
Bank Name:	**Siam Commercial Bank Public Company Limited**
Address:	Suranaree University of Technology Academic Building 2, Room C2-227 111 University Avenue, Suranaree Sub District Muang Nakhon Ratchasima, Nakhon Ratchasima Province 30000 Thailand
Account number:	**707-2-03111010-3**
Swift code:	**SICOTHBK**

CHEQUE

Cheque can be mailed along with this application form to:

Professor Dr. Ricardo P. Pama, Secretary General
Association of Universities of Asia and the Pacific (AUAP)
President Emeritus, University of the Cordilleras, Philippines
Suranaree University of Technology
Academic Building 2, Room C2-227
111 University Avenue, Suranaree Sub District
Muang Nakhon Ratchasima, Nakhon Ratchasima Province 30000
Thailand