

ASSOCIATE 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:** **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 or equivalent in Pesos)**

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| **□ AUAP Membership Fee (4) Years 2017-2020 : $ 3,200** |

**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.***

**Method of Payment**

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

Method   **Bank Wire Transfer**

**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, 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.

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| **Beneficiary**  | **SUT-AUAP Petty Cash** |
| **Beneficiary Bank :** | **Siam Commercial Bank Public Company Limited** |
| **Bank Address:** | Technopolis BuildingSuranaree University of Technology111 University Avenue, Suranaree Sub DistrictMuang, Nakhon Ratchasima Province 30000Thailand |
| **Beneficiary A/C No:** | **707-220205-4** |
| **Swift code:** | **SICOTHBK** |
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