



# Institutional Membership Application/Change

- Category:     Academic Institution..... Africa..... Overseas  
 Corporate..... Africa..... Overseas  
 Student Association..... Africa..... Overseas  
 Other Associated Organisation..... Africa..... Overseas

**I hereby apply for/confirm my institution's membership of IEASA and nominate the following individual/s to represent the institution**

Name of Institution/Association/Organisation \_\_\_\_\_

Postal Address \_\_\_\_\_

Code: \_\_\_\_\_

Physical Address \_\_\_\_\_

Code: \_\_\_\_\_

Please provide brief mission statement if your organisation/association is a non-academic or a non-student organisation \_\_\_\_\_

### **Nominated Representative**

First Name \_\_\_\_\_

Last Name \_\_\_\_\_ Title \_\_\_\_\_

Position Held \_\_\_\_\_

Department \_\_\_\_\_

Mailing Address \_\_\_\_\_

Telephone (W) \_\_\_\_\_ Fax \_\_\_\_\_ Cell \_\_\_\_\_

E-mail \_\_\_\_\_

### **Alternate Representative**

First Name \_\_\_\_\_

Last Name \_\_\_\_\_ Title \_\_\_\_\_

Position Held \_\_\_\_\_

Department \_\_\_\_\_

Telephone (W) \_\_\_\_\_ Fax \_\_\_\_\_ Cell \_\_\_\_\_

E-mail \_\_\_\_\_

**The nominated representative will also serve on the IEASA Directors Forum**  YES  NO

**If NO, please complete Directors Forum Nomination form**

### **Nominator Details**

Full Name \_\_\_\_\_

Institutional Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please return this form to IEASA via e-mail, to [admin@ieasa.studysa.org](mailto:admin@ieasa.studysa.org) or Fax: 086 649 532 2464**