



UAPCU MEMBERSHIP APPLICATION FORM

1. APPLICANT INFORMATION

Institution:	Department (when the membership is for a part of the institution):
Postal address:	City:
Postal code:	Country:
Official email:	Website:
Total student number:	Total student number in online/distance education:
Budget for the institution:	Budget for the department (when the membership is for a part of the institution):

2. HEAD OF INSTITUTION OR DEPARTMENT

Name:	
Email:	Phone:
Position:	Other Information:
Title:	

3. ASSIGN A KEY CONTACT

Name:	
Department:	Email:
Phone:	Mobile:
Position:	Title:

4. INFORMATION AND COMMUNICATIONS OFFICER

Name:	Email:
Phone:	Mobile:

5. INVOICING DETAILS

Invoicing email:

Address Asia Center Office :

IDX Building Tower Floor 17, Jl Jend. Sudirman Kav.52-53, Kel Senayan, Kec. Kebayoran Baru, Jakarta Selatan postal code: 12190, INDONESIA, WA : +6281-219-219-965 www.uapcu.eu3.org www.uapcu.uipmcenter.net
E-mail: uapcu@uipmcenter.net , uapcu2000@gmail.com , Paypal Account Number : uapcu2000@gmail.com



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Invoicing postal address:

Preferred invoice delivery method (email/postal):

Preferred invoice currency (EUR/USD):

6. INDICATE TYPE OF INSTITUTION (mark with "X")

University	<input type="checkbox"/>	Higher Education (HE)/Post Secondary	<input type="checkbox"/>	HE network	<input type="checkbox"/>	Other post secondary (Sexplain)	<input type="checkbox"/>
Upper Secondary network	<input type="checkbox"/>	Adult Education	<input type="checkbox"/>	Lifelong Learning	<input type="checkbox"/>	Technical and Vocational Education and Training (TVET)	<input type="checkbox"/>
Institute	<input type="checkbox"/>	Company	<input type="checkbox"/>	National Association	<input type="checkbox"/>	International Association	<input type="checkbox"/>
Government, ministry	<input type="checkbox"/>	Government, agency	<input type="checkbox"/>	Public agency/body	<input type="checkbox"/>	Other association (explain)	<input type="checkbox"/>

7. ACCREDITATION (YES/NO)

Is the institution a Higher Education Institution? *If no, please continue to Section 9.*

Does the Institution issue academic degrees?

Is accreditation required in order to issue degrees?

Is the Institution accredited in its country? *If not, please attach an explanation.*

8. SIGNATURE & INFORMATION

I authorize the verification of the information provided on this form, and understand that membership is pending approval from the UAPCU Executive Committee. I confirm that my institution will pay the annual membership fee upon approval, and understand that the UAPCU membership is governed by the UAPCU terms and conditions and the relevant provisions in the UAPCU constitution.

Signature of applicant:

Date:

LIST OF ATTACHMENTS (IF ANY):

Send completed form by email to