



Membership Application

Please provide the information specified below
and attach any supporting material, as appropriate

Applying institution

Name of the University:

.....

(*) Faculty:

(*) Department:

Mailing Address:

Postal code: City: Country:

Tel: Fax: e-mail:

Website

.....

Head of the University

(*) Dean of the Faculty

(*) Head of the Department

.....

Corresponding Person

Name:

Title:

Address:

.....

Tel: Fax: e-mail:

(*) to be completed only in case that a specific Faculty or Department of the University will apply for membership

Please return the complete form to

ASECU, University of Macedonia, 156, Egnatia str., 540 06 Thessaloniki, GREECE

Fax: +30 2310 891748

Academic Structure

Please list principal divisions (Faculties, Departments, etc.):

.....
.....
.....

Date of Foundation:

University Faculty(*) Department(*).....

Number of Academic Staff

Number of Students

University:

University:

Faculty: (*)

Faculty: (*)

Department: (*)

Department: (*)

Any other information comments:

.....
.....
.....

(*) to be completed only in case that a specific Faculty or Department of the University will apply for membership

(Application must be signed by the Rector or President/Head/Dean)

The
(name of University/Faculty/Department who applies of membership)

hereby applies for ASECU associated membership and agrees to follow the Statute of the Association.

We understand that:

As an Associate Member we will enjoy all the rights of a full member, with the exception of those set out in clause 4 § 4 of our Articles of Association.

Our membership will start from the year

The undersigned
(name and title)

.....

(Signature)

(Date)