



## 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	<input type="radio"/> 5,000	<input type="radio"/> 5,000 – 10,000	<input type="radio"/> 10,000 – 15,000	<input type="radio"/> 15,000 – 25,000	<input type="radio"/> Over 25,000
Courses	<input type="checkbox"/> Undergraduate	<input type="checkbox"/> Graduate	<input type="checkbox"/> PhD/Doctorate	<input type="checkbox"/> 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](mailto: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)

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](mailto: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 .

<b>Beneficiary</b>	<b>SUT–AUAP Petty Cash</b>
<b>Beneficiary Bank :</b>	<b>Siam Commercial Bank Public Company Limited</b>
<b>Bank Address:</b>	Technopolis Building Suranaree University of Technology 111 University Avenue, Suranaree Sub District Muang, Nakhon Ratchasima Province 30000 Thailand
<b>Beneficiary A/C No:</b>	<b>707–220205–4</b>
<b>Swift code:</b>	<b>SICOTHBK</b>

