

EUROPEAN ASSOCIATION FOR HIGHER EDUCATION ADVANCEMENT

Document 3:

APPLICATION FOR MEMBERSHIP

Before completing this application, please review the eligibility requirements for membership found on EAHEA's official website. Upon completion of this form, submit the application, all required exhibits, and the membership fee to EAHEA.

Individuals who apply for Affiliate Membership enter their full name in place of the institution name in item 1 of Section I and complete the other contact details of that section, complete the Attestation in Section VI, and attach a copy of their Passport/ID. Sections II, III and IV and the other documents of Section V are completed by institutions and organizations only.

Type of Application: ___ Initial Application
___ Renewal Request

Seeking Membership as: ___ Institution (Associate Membership)
___ Organization (Observer Membership)
___ Individual (Affiliate Membership)

I. MAIN OFFICE INFORMATION

1. Institution Name: _____
2. EAHEA ID #, if currently member: _____
3. Street Address: _____
4. City/Postal Code: _____/_____
5. Country: _____
6. Phone Number: (_____) _____
7. Email Address: _____
8. Institution's Website: _____
9. Primary Contact:
a. Full Name: _____
b. Title/Position: _____/_____
c. Email Address: _____
10. Contact for Financial Issues:
a. Full Name: _____
b. Title/Position: _____/_____
c. Email Address: _____

II. OFF-SITE ADMINISTRATIVE HEADQUARTERS/CORPORATE OFFICE

Does the organization have a corporate or administrative office other than the main office? ___ Yes ___ No

If yes, please complete the following:

1. Corporate Name (if applicable): _____
2. Street Address: _____
3. City/Postal Code: _____/_____
4. Country: _____
5. Phone Number: (_____) _____
6. Email Address: _____
7. Primary Contact:

a. Full Name: _____

b. Title/Position: _____/_____

c. Email Address: _____

III. LEGAL NATURE OF THE INSTITUTION

1. Indicate the legal tax status of your institution by checking the appropriate box:

___ For-profit entity

___ Non-profit entity

2. Identify the type of legal entity of the institution by checking all that apply:

___ Corporation

___ Wholly owned subsidiary

___ Partnership/General Partnership

___ Sole Proprietorship

___ Limited Liability Company (LLC)

___ Joint Stock Companies (JSC)

___ Professional/Trade Association

___ If other, please identify: _____

IV. PROGRAM AND PARTICIPANT INFORMATION

1. Does the institution operate training site(s) in-person or remote? ___ Yes ___ No
2. Is the institution required to have official approval or licensure? ___ Yes ___ No
3. Does the institution offer any degree/diploma program? ___ Yes ___ No
4. Does the institution offer any educational certificate program? ___ Yes ___ No

5. Indicate the types of training that your institution offers. Please check all that apply.

___ programs of study/courses less than 300 clock hours
___ programs of study/courses 300 or more clock hours
___ occupational doctorate/master/bachelor/associate degree
___ vocational/avocational/professional/personal development
___ English language programs of study/courses
___ foreign language training
___ seminar/workshop training
___ corporate in-house training
___ industry certification/licensing/test preparation
___ clock hour programs
___ credit programs (ECTS or other credit units)

V. ADDITIONAL INFORMATION

1. All institutions: Provide the following:

a. Passport/ID copy of the authorized signatory/director
b. Invoice issued to the legal address of the company/organization (electricity, water, gas, telephone, etc.)
c. Official registration/establishment document issued by the competent authority
d. Cooperation/partnership/accreditation documents with other educational institutions (if available)

2. Initial Applicants Only: Provide the following:

a. Articles of Association approved by the competent authority (if available)

VI. ATTESTATION

The undersigned, authorized representative of this institution, hereby attests to the following statements:

I have read our application for membership and affirm that it and all attached materials are accurate and complete. During the application process and upon following membership, our institution will abide by and support the EAHEA Articles of Association, EAHEA Standards for Membership, and EAHEA policies, procedures, and practices.

During the application process, and upon and following membership, the institution will timely notify EAHEA of any changes in contact information or authorized persons, and will frequently check the relevant pages of EAHEA's website at www.eahea.org to obtain any modifications to the items listed in the paragraph above.

The institution consents to the exchange of information between EAHEA and the institution's lawyers and accountants, and between EAHEA and government and administrative authorities, to the extent that such exchange of information is necessary or convenient to the consideration of the institution's application for EAHEA membership.

Note: Non-profit organizations must provide the name and signature of the chairman of the board and/or the managing director of the applicant institution.

1. Name: _____
2. Title/Position: _____/_____
3. Signature Date: _____/_____/_____ (day/month/year)
4. Signature of Attesting Party: _____

(If you are filling out the form digitally, enter your name as a signature.)