



## 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  Undergraduate  Graduate  PhD/Doctorate  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>

**Swift code:**

**SICOTHBK**