

ASSITEJ

Application for Membership 2: Professional Networks

(Please fill in this form to be forwarded to the General Secretariat).

Proposed Name of	
_	
Professional Network	
Address of Professional	
Network	
Contact details of	
Professional Network	
Phone	
Fax	
Telex	
E-mail	
Skype	
Contact person	
Private address	
Private phone	
Date and year of	
Constitutional meeting	
Are you formally	
registered and if so as	
what type of	

organization?	
Main Purpose, Interest	
or Theme of Network	
Full or Corresponding	
Membership?	
Please attach the constitution of the Network to this application, if one exists.	

Members of the Board of	
the Professional	
Network, and their	
Designations	
Full Membership:	
Minimum = 7 members	
from 7 countries on at	
least 2 continents	
Corresponding	
Membership:	
Minimum = 5 members	
from 5 countries	

Mem	bers may comprise:
	Professional companies
b.	Non-professional companies
c.	Institutions, organizations, etc.
d.	Individual members

(You can fill in the form or enclose a list of members)

Briefly describe your	
SEVEN core members,	
and provide contact	
email or phone numbers	
for each, stating their	
country in each case	
5	
Main Obiostinos for more	
Main Objectives for your	
Professional Network	
over the next 3 years	
over the next 3 years Main activities this year	

Main activities next year	
(planned)	
(plained)	
XA7'11	
Will you charge a	
membership fee? If so, what are you proposing	
to charge?	
to charge.	
What are your criteria for	
membership of the	
Professional network?	

Why do you want to be a member of ASSITEJ?	

Form filled in by:

Form completed on: