



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/Head/Dean)

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

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

We understand that:

Our financial obligation is the payment of Registration fee (€ 200) and Membership fee (€ 200/year).

The financial year runs from 1st January to 31st December of each year.

ASECU will communicate with us regarding membership and related benefits.

Our membership will start from the year

The undersigned
(name and title)

.....

(Signature)

(Date)