INSTITUTIONAL MEMBERSHIP APPLICATION FORM

Please complete in typescript or black ink and return to **info@iarsa.org**, **www.iarsa.org**

Reference (if any)	

1. DETAILS OF INSTITUTION

Institution Name	
Date of Establishment	
Current Number of Staff	
Physical/Contact Address	

Tel No (s): _____ Post Code: _____

Country: _____Email Address: _____

Website (s): _____

2. PROPOSED MEMBERSHIP STATUS

Title of Membership
(Tick Only One)

- ○ Patron Institutional Member
- ○ Institutional Member

3. INSTITUTIONAL STATEMENT

Please use this space to summarise your institutional mission, vision, goals and major research interests and your reasons for choosing to be an institutional membership of IARSA. You may continue on or attach a separate page if necessary (No more than 500 words)

We certify to the best of our knowledge, the information furnished in this application is true and complete. We agree that if such information, or any other information upon which our admission is based, is not true or incomplete, the ASSOCIATION may rescind our

membership. We further agree that, if admitted, we will abide by the rules and regulations of the International Association of Research Scholars and Administrators (IARSA) including, but not limited to, those rules contained in the current IARSA CODE ETHICS. We understand that all official documents submitted for membership consideration become the property of the IARSA and will not be forwarded to another corporation/association or organization nor returned to us.

Name of the Institution's Representative: _____

Designation: _____

Signature: _____ Date_____

Official Registration Fee: _____

Official Seal/Stamp of the Institution:

For Office Use

Application Received:	Date & Time:
Comments:	
Information Checked	
Accepted / Deferred / Rejected	Accepted, Subject To