**CORRESPONDING MEMBERSHIP APPLICATION FORM**

**Title:** Click here to enter text.

**First Name:** Click here to enter text.

**Family Name:** Click here to enter text.

**Position:** Click here to enter text.

**Institution/Organization:** Click here to enter text.

**Address:** Click here to enter text.

**Tel:** Click here to enter text.

**Email:** Click here to enter text.

**Website:** Click here to enter text.

**Attachments of documents representing the school (according to CILECT Statutes):**

*(when you attach a document, please, mark an X in the place of the respective box before it)*

evidence of official accreditation from the relevant educational agency which has been awarded at least five years before applying for membership;

a detailed list of the sources of financial support;

a detailed list of all degrees, certificates or other academic awards and acknowledgements of study that are awarded;

a detailed description of all curricula in all specialisations by degree;

a detailed description of all facilities and equipment available for students;

a detailed list of the teaching staff members, their fields of professional specialisation, and their training, qualifications and achievements;

a list of at least twenty graduates, detailing their fields of professional specialisation, and their achievements demonstrating the success of the school in training to a professional level;

prospectuses, brochures, statements of school mission and philosophy, etc.

a plan for aligning their institution with the requirements for Full Membership;

**Attachments of documents representing the candidate (according to CILECT Statutes):**

a detailed personal CV

**Applicant’s Signature:**

**Date:** Click here to enter a date.