



APPLICATION FORM FOR ENOTHE INSTITUTIONAL MEMBERSHIP

(Please type or complete in block letters)

Name of the School/ Institution:
Address:
City:
Country:
Tel:
Fax:
Email:
Website:
Name and email of Head of the school/ institution:
Name and email of contact representative person to ENOTHE:

The full membership fee is €485

(The fee may be lower based on the World Bank income classification, kindly see www.enothe.eu)

After receiving your application we will contact you with options for payment from York St John University, York, UK which is currently the administrative office of ENOTHE.

DECLARATION:

By signing the form in the space provided below, you consent to commit to the general aims and objectives of ENOTHE, be active in your participation in ENOTHE via meetings, questionnaires etc. and to comply with the membership fee payment, which may increase annually. The membership year runs from January 1st till December 31st (Please see also the ENOTHE charter at www.enothe.eu).

Signature of the head of the school/head of department.....

Date.....

FOR USE BY ENOTHE BOARD ONLY

Accepted By:	
Signature:	
Date:	