**Association for the Promotion and Development of Joint International Programmes in higher education (ProDeJIP)**

Application for Membership as a Constituent of ProDeJIP

Please fill out the sections below, sign and return the completed document to

*info@prodejip.com*

1. Contact details

*Please provide the following information:*

|  |  |
| --- | --- |
| **Name of organisation:** |  |
| **Address:** |  |
| **Contact telephone:** |  |
| **E-mail:** |  |
| **Name of chosen representative:** |  |

1. Services proposed

*Please indicate which services your institution intends to make accessible to ProDeJIP members.*

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1. Approval of the ProDeJIP statutes

*Please tick the box:*

I approve the Statutes of the Association for the Promotion and Development of Joint International Programmes in higher education: 

Signed: Place and Date:

Print Name and quality: