



EUROPEAN ASSOCIATION FOR HIGHER EDUCATION ADVANCEMENT

Document 3:
APPLICATION FOR MEMBERSHIP

Before completing this application, please review the eligibility requirements for membership found on EAHEA's official website. Upon completion of this form, submit the application, all required exhibits, and the membership fee to EAHEA.

Type of Application: ___ Initial Application
 ___ Renewal Request

Seeking Membership as: ___ Institution (Associate Membership)
 ___ Organization (Observer Membership)
 ___ Individual (Affiliate Membership)

Fee Payment Type: ___ Bank Transfer ___ Credit Card

I. MAIN OFFICE INFORMATION

1. Institution Name: _____
2. EAHEA ID #, if currently member: _____
3. Street Address: _____
4. City/State/Zip: _____/_____/_____
5. Country: _____
6. Phone Number: (____) _____
7. Fax Number: (____) _____
8. Email Address: _____
9. Institution's Website: _____
10. Primary Contact:
 - a. Full Name: _____
 - b. Title/Position: _____/_____
 - c. Email Address: _____
11. Contact for Fiscal Issues (e.g. sustaining fees, etc.):
 - a. Full Name: _____
 - b. Title/Position: _____/_____
 - c. Email Address: _____

II. OFF-SITE ADMINISTRATIVE HEADQUARTERS/CORPORATE OFFICE

Does the organization have a corporate or administrative office other than the main office? ____ Yes ____ No

If yes, please complete the following:

1. Corporate Name (if applicable): _____
2. Street Address: _____
3. City/State/Zip: _____/_____/_____
4. Country: _____
5. Phone Number: (____) _____
6. Fax Number: (____) _____
7. Email Address: _____
8. Primary Contact:
 - a. Full Name: _____
 - b. Title/Position: _____/_____
 - c. Email Address: _____

III. LEGAL NATURE OF THE INSTITUTION

1. Indicate the legal tax status of your institution by checking the appropriate box:

- ____ For-profit entity
____ Non-profit entity

2. Identify the type of legal entity of the institution by checking all that apply:

- ____ Corporation
____ Wholly owned subsidiary
____ Partnership/General Partnership
____ Sole Proprietorship
____ Limited Liability Company (LLC)
____ Joint Stock Companies (JSC)
____ Professional/Trade Association
____ If other, please identify: _____

IV. PROGRAM AND PARTICIPANT INFORMATION

1. Does the institution operate training site(s) in-person or remote? ☐ Yes ☐ No
2. Is the institution required to have state approval or licensure? ☐ Yes ☐ No
3. Does the institution offer any degree/diploma program? ☐ Yes ☐ No
4. Does the institution offer any educational certificate program? ☐ Yes ☐ No

5. Indicate the types of training that your institution offers. Please check all that apply.

- ☐ programs of study/courses less than 300 clock hours
- ☐ programs of study/courses 300 or more clock hours
- ☐ occupational doctorate/master/bachelor/associate degree
- ☐ vocational/avocational/professional/personal development
- ☐ esl programs of study/courses
- ☐ foreign language training
- ☐ seminar/workshop training
- ☐ corporate in-house training
- ☐ industry certification/licensing/test preparation
- ☐ clock hour programs
- ☐ credit hour programs (semester or quarter credit hours)

V. ADDITIONAL INFORMATION

1. All institutions: Provide the following as Exhibits:

- a. Passport/ID copy of the authorized signatory/director
- b. Invoice issued to the legal address of the company/organization (electricity, water, gas, telephone, etc.)
- c. Official registration/establishment document issued by the competent authority
- d. Cooperation/partnership/accreditation documents with other educational institutions (if available)

2. Initial Applicants Only: Provide the following as Exhibits:

- a. Articles of Association approved by the competent authority (if available)
- b. A completed Annual Report and Enrollment Statistics for the institution's most recent fiscal year (if applicable)

VI. ATTESTATION

The undersigned, authorized representative of this institution, hereby attests to the following statements:

I have read our application for membership and affirm that it and all attached materials are accurate and complete. During the application process and upon following membership, our institution will abide by and support the EAHEA Articles of Association, EAHEA Standards for Membership, and EAHEA policies, procedures, and practices.

During the application process, and upon and following membership, the institution will timely notify EAHEA of any changes in contact information or authorized persons, and will frequently check the relevant pages of EAHEA's website at www.eahea.org to obtain any modifications to the items listed in the paragraph above.

The institution consents to the exchange of information between EAHEA and the institution's lawyers and accountants, and between EAHEA and state and federal administrative agencies, to the extent that such exchange of information is necessary or convenient to the consideration of the institution's application for EAHEA membership.

Note: Non-profit organizations must provide the name and signature of the chairman of the board and/or the managing director of the applicant institution.

1. Name: _____
 2. Title/Position: _____/_____
 3. Signature Date: _____/_____/_____ (day/month/year)
 4. Signature of Attesting Party: _____
- (If you are filling out the form digitally, enter your name as a signature.)