

# Membership registration Form



## 1. Practice Information

Name of institution:		Street Address Including City, State, and ZIP Code	
Telephone		Fax	
Office Email Address		Web Site	
Social media (Facebook, Twitter, etc.):		National Provider Identification (NPI) Number Type 2	

## 2. General Information:

2.1 Date of foundation and history of institution:

2.2 Legal status of institution:

- State Established University/Institution
- Private Not-for-Profit University/Institution
- Private For-Profit University/Institution
- Other, please specify:

**3.3 Membership in national, regional and/or international associations:**

**2. Head of Institution**

Position (Rector, President, Vice-Chancellor etc.):			Street Address Including City, State, and ZIP Code	
	Title (Prof, Dr. etc):			
First name:				
Surname:				
Period of Mandate: from:				
Gender	Male	Female	Academic Discipline:	
Mobile Phone Number:				
Telephone			Fax	
Office Email Address			Web Site	



5.2 Indicate when the academic year starts and ends:

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5.3 Principal qualifications awarded (Bachelors, Masters, PhDs, etc.) and period of study required for each:

Bachelors	Masters	PHDs

5.4 Number of degrees/diplomas awarded in each category:

*Please fill in the number of degrees awarded for each of the diplomas/degrees listed above for the current year and past 3 academic years):*

Category	Year:	Year:	Year:	Current year:
Etc.				

6. Academic staff

Staff	Year:	Year:	Current year:
Full time			
Part time			
Staff holding a doctorate			



**10.3 Major research output:**

*Please list the programmes, achievements, publications, conferences and seminars organized, etc*


**SECTION 4: CODE OF CONDUCT ACKNOWLEDGMENT**

1. I \_\_\_\_\_ on behalf of \_\_\_\_\_ confirm having read and understood the code of Conduct of the Federation of Christian Universities and Colleges (FCUC) and undertake to abide by the words and spirit of the Code of Conduct of FCUC as a member.
2. I warrant that the information provided by the Institution in the application form is true and correct and undertake to advise FCUC should any of this information change.
3. I agree that FCUC may make such enquiries relating to the Institution as the member of the Federation as it may deem fit to establish the correctness of the information supplied by me or to establish whether any information has been omitted and hereby authorise FCUC to access information relating to my career history at any of my previous employers or to my qualifications at any tertiary institution locally or internationally.
4. I agree that the Institution as the Member of the Federation will be removed from the FCUC should I fail to abide by the provisions of this Acknowledgement or contravene the Code of Conduct of FCUC or the Code of Conduct or rules of any association or institution who endorses this class of membership.
5. I agree to pay the annual membership fee as stipulated by FCUC.

<b>Signature</b> _____ <b>Name</b> _____
<i>Signature of the Person Submitting this Form</i> <i>Name of the Person Submitting this Form (print)</i>

<b>Date of Signature</b> _____
<i>MM DD YY</i>

**To be Completed By the Federation Office only**

- We Have accepted this University/Institution Membership registration?
- For the Provision of all organization services?
- We have accepted this University/Institution for general services on behalf of the University/Institution and is on the list of FCUC Members, and will support the Federation's activities?

**I declare to the best of my belief this information is correct and I claim the appropriate information as set out in the Statement of the Membership Registration. An audit trail is available at the practice for inspection by the FCUC authorised officers and auditors appointed by the Federation.**

Authorized Signature

Office Stamp

Name: \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_