



DEASA Secretariat:

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MEMBERSHIP APPLICATION FORM

I/We hereby seek membership of DEASA:

Please tick (✓) membership category applying for below:

- Institutional/Organizational ✓
- Associate
- Individual
- Honorary

Give us a brief description of the activities you do.

I have read and noted the rights and obligations of members, as set out in the DEASA Constitution and code of practice.

Signed:

Date:

DEASA DIRECTORY INFORMATION

Please fill in the necessary information and fax or e-mail it back to us

Fax: E-mail:

N.B.: This information is required for institutional or organisational membership

Name of the Institution

Tel No: Fax No:

E-mail.....

Physical Address.....

Postal Address :

Country :

Institutional Status (e.g., Dept / Gov. / NGO):

Head of the Institution:

Institutional Contact Person:

Distance Education programmes offered:

Staff Profile: (Names of key staff and field of specialization)

Target group(s):

Total enrolment figure (previous year:):

Year of establishment:

Total number of staff:

Website address:

Mission Statement: