

## MEMBERSHIP APPLICATION FORM

<b>CONTACT INFORMATION</b>			
<b>Contact person for ELIA</b>			
<b>Function title</b>			
<b>Telephone</b>		<b>Fax</b>	
<b>Email</b>			
<b>Alternative contact</b>			
<b>INSTITUTION INFORMATION</b>			
<b>Institution</b>			
<b>Institution name in English</b>			
<b>Address</b>			
<b>Postal code</b>	<b>City</b>	<b>Country</b>	
<b>General email</b>			
<b>Website</b>			<b>No. of students</b>
<b>Disciplines (tick boxes)</b>	<input type="checkbox"/> Architecture	<input type="checkbox"/> Dance	<input type="checkbox"/> Design
	<input type="checkbox"/> Theatre	<input type="checkbox"/> Media Arts	<input type="checkbox"/> Music
	<input type="checkbox"/> Fine Arts	<input type="checkbox"/> Arts Management	
<b>Degree levels awarded by your institution (tick boxes)</b>	<input type="checkbox"/> BA	<input type="checkbox"/> MA	<input type="checkbox"/> Post Graduate
	<input type="checkbox"/> other		
<b>Application for</b>	<input type="checkbox"/> Full membership	<input type="checkbox"/> Non-European Membership	<input type="checkbox"/> Associate Membership
<b>How did you find out about ELIA (tick boxes)</b>	<input type="checkbox"/> Visiting the ELIA web site	<input type="checkbox"/> Attending ELIA events	<input type="checkbox"/> ELIA publications
	<input type="checkbox"/> Full membership.	<input type="checkbox"/> Word of mouth / Recommended by another person	<input type="checkbox"/> other:
<b>Date</b>	<b>Signature</b>		

Please return this form to [johan.deeder@elia-artschools.org](mailto:johan.deeder@elia-artschools.org) or by fax **+31 877 875 344**