



MEMBERSHIP APPLICATION FORM

- (1) Name of Institution: _____
- (2) Location (City/Country): _____
- (3) Address: _____

- (4) Name of Chief Executive of Institution: _____
- (5) Telephone Numbers:
 - (i) Official: _____
 - (ii) Personal (for Principal/Rector/Provost): _____
- (6) E-mail Address:
 - (i) Official: _____
 - (ii) Personal (for Principal/Rector/Provost): _____
- (7) Fax: _____
- (8) Year Established: _____
- (9) Name and Address of Ministry or Authority Responsible for the Institution:

- (10) Vision and Mission Statements of Institution:

(11) Qualifications Delivered (Degree/Diploma/Certificate):

(12) Minimum Admission Requirements:

(13) Major Programmes Offered (*please use additional sheets, if necessary*):

(14) Staff Strength:

(i) Teaching: _____

(ii) Non-teaching: _____

(15) Student Population:

(i) Teaching: _____

(ii) Non-teaching: _____

Application completed by:

Name: _____

Position: _____

Signature: _____ Date: _____

Institutional Stamp

NOTES:

- (a) Membership Enrolment Fee is two hundred US dollars (US\$200) payable once at the time of enrolment.
- (b) Annual subscription is eight hundred and fifty US dollars (US\$850) payable annually.
- (c) Completed forms should be sent to:-

The CAPA Secretary General
Commonwealth Association of Polytechnics in Africa (CAPA)
c/o Technical University of Kenya
P O Box 52428 - 00200
NAIROBI, KENYA
Email: capa@kenpoly.ac.ke

FOR SECRETARIAT USE ONLY

Enrolled on: _____

Subscription received: USDollars _____

Membership File Ref: _____

Region: _____

Signature: _____

Date: _____

CAPA SECRETARY GENERAL