



WACREN MEMBERSHIP APPLICATION FORM

Name of Organization (including acronym) or Individual:

Address:

City:

Country:

Phone:

Fax:

Email:

Website:

Representing Research and Education institutions in (Country/Region) or Organization:

Legal entity (e.g. Association, Trust, NGO, Company, Individual, etc.):

Date of incorporation (if applicable):

Name and contact details of CEO or equivalent (if applicable):

Email:

Phone:

Fax:

Membership category: NREN Member ☞ Associate Member ☞ Premium Associate Member ☞
Corporate Member ☞ Premium Corporate Member ☞

We have taken notice of the current Constitution of WACREN and accept our obligations as a member of the organization.

Signature:

Date:

Documents to be attached (can be provided later on):

- A letter from a higher authority (e.g. Higher Education Council or Ministerial level) in your country evidencing that your organisation is active in the implementation and management of an academic, scientific and/or research network at national level (RENS only)
- Certificate of Incorporation or equivalent
- Constitution, Statutes, or equivalent
- List of member institutions (both current and potential), where applicable
- Acceptable Use Policy, if available (RENS only)

Please send to form and accompanying documents to:

WACREN, VCG Office Complex, IPS Road, P.O. Box LG1279, Accra, Ghana
Tel.: +233 302942873 - Email: secretariat@wacren.net - Web: www.wacren.net