



APPLICATION FORM FOR NEW MEMBERSHIP OF APAARI

Date:

Dear Sir/Madam,

We are honored to submit our application for membership in the Asia-Pacific Association of Agricultural Research Institutions (APAARI). We fully support and commit to the Agreement among members, as well as the objectives outlined in the APAARI constitution. We also agree to adhere to the responsibilities and obligations set forth by the Association.

CHOOSE YOUR MEMBERSHIP TYPE:

- UN Member State Membership
- Associate Membership

ORGANIZATION INFORMATION:

Organization Details:	Name of Institution: HQ Address: Institutional Address: Telephone: Fax: Email:
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Asia-Pacific Association of Agricultural Research Institutions

Bangkok, Thailand

CONTACT DETAILS:

Authorized Contact Person:	Name of Authorized Person: Designation: Email: Contact Number:
International Relations Primary Contact Person:	Name: Designation: Email: Contact Number:
Alternate Contact Person:	Name: Designation: Email: Contact Number:
Knowledge Management Focal Person:	Name: Designation: Email: Contact Number:
Research Focal Person:	Name: Designation: Email: Contact Number:

CHOOSE YOUR ORGANIZATION TYPE:

- National Agricultural Research System
- International Agricultural Research Centers
- Inter-Governmental Organization
- International Organization
- Others: _____



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BRIEFLY DESCRIBE WHAT YOU HOPE TO ACHIEVE THROUGH THIS MEMBERSHIP:

BRIEFLY DESCRIBE HOW APAARI WILL BENEFIT FROM THIS MEMBERSHIP:

PAYMENT INFORMATION:

We enclose herewith the fund transfer No. _____ dated _____ Made in favor of APAARI from the Bank _____ for an amount of USD \$ _____ towards membership fee for the year _____

(Signature)

Name & Designation of the Authorized Signatory

Kindly fill in the above-mentioned application form and return to:

The Executive Director
Asia-Pacific Association of Agricultural Research Institutions
182 Larn Luang Road, Khlong Mahanak. Pomprab Sattrupai, Bangkok, 10100, Thailand.