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| **The Association Euro-African of Environment (AEAE)**  **(Estb 2006)** |
| **APPLICATION FOR MEMBERSHIP (2017-2018)\***  **(\*AEAE reserves the right to grant membership to any individual or institution, which cannot be considered as right or claim, by Filling and signing membership form the Members endorse that they will follow the rules and regulations of Membership and decisions by AEAE under AEAE Rules and Regulation decided by the Committee. Failing which their membership will be ceased). Foreign nationals before applying for membership should make enquiry to Treasurer’s office and donot deposit the payments till receive reply from AEAE office.**  *This form must be filled by* ***TYPING and send as WORD DOC*** *by email to* taoufik\_ghrairi@yahoo.fr (Prof. Taoufik GHRAIRI, Treasurer, AEAE) cc to Prof. C. Chedly ([chdoula77@yahoo.fr)](mailto:chdoula77@yahoo.fr))*.*   |  |  |  |  | | --- | --- | --- | --- | |  | **Annual Membership** | | | |  | Individual (University/Research Institute) | Corporate/ Industry | Overseas | | Membership Fee | 20 DT | 100 DT | 50 (Eur) | | Admission Fee | 5 | 10 |  | | **TOTAL** | **25 DT** | **110 DT** | **50 (Eur)** |   **Payment: Payment must be made only by bank transfer as per details are given in next page.**  Family name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle initial \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Title Prof. Dr. Mr. Ms.  Organization\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address for correspondence (with PIN code): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email:  Tel with code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(O)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(R) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(M) Fax \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Educational qualifications**  Degree Year University  *Please provide stamp size photo (for Life members only) as .jpg or word doc file* **Professional experience** From To Organization Area of specialization: Research/Teaching experience in years Publications (please give numbers only): Books  Chapters in books  Review papers (in SCI journal only)  Original papers (in SCI journals only)  TOTAL *Awards/honours/distinctions* ***Payment detail- attach the scanned copy of bank transfer slip (MANDATORY)***  Name of bank ……………………………………………………………………………………………………………………………………………………………………………..  Amount paid………………………………………………Date………………………..Bank transaction/NEFT/Ref no……………………………………………...  **Declaration:** I certify that the above information is true and is furnished to become a member of the AMI. I agree to abide by the rules and regulations of the AMI and will abide decisions of CC and GB of AMI.  Place & Date Name |
| **PAYMENT**: Payment must be made by bank transfer only for which details are as below:  **-Banque de Tunisie, Agence Radès, Numéro du Compte Bénéficiaire (RIB): 05209000065582596712-** |