

**ASIA-PACIFIC CONSORTIUM OF RESEARCHERS AND EDUCATORS**

# **INSTITUTIONAL MEMBERSHIP APPLICATION FORM**

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| Renewal  New | | | | | | | | **Date:** | | |
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| Payment Details: Membership fee  $250 or PhP10,000  Name of Bank: Banco de Oro  Address: Old Sta. Mesa – Albina Branch  Account Name: Asia-Pacific Consortium of Researchers and Educators, Inc.  Account Number: Peso Savings Account No. 007090106605  Dollar Savings Account No. 107090098491 | | | | | | **Important notes**   * All prices quoted are in US Dollars (USD) and Philippine Peso (conversion in PhP may vary on the actual exchange rate on the day of the payment). * By completing this registration form you have read, understood and agree to the cancellation policies and the privacy statement as stated on this form * Membership is valid for three (3) years for new membership and two (2) years for renewal of membership * Please keep a photocopy for your records. | | | | |
| **Please complete and return this form along with payment to:**  ASIA-PACIFIC CONSORTIUM OF RESEARCHERS AND EDUCATORS, INC.  RM 309 SCC Building, CFA Compound, 4427 Old Sta. Mesa 1016 Manila  +63 (02) 82540044; +63 9175477458/+63 9989506447  [apcoreinstitutionalmember@gmail.com](mailto:apcoreinstitutionalmember@gmail.com); [www.apcore-inc.org](http://www.apcore-inc.org) | | | | | |
| Institution’s Contact Person details | | | | | | | | | | |
| Inst.  Asst. Prof.  Assoc. Prof.  Dr.  Prof. | | | | | | Other (please specify) | |  | | |
| Last Name |  | First Name | |  | | | Middle Initial | | |  |
| Address |  | | | | | | | | | |
| Position in the Institution/Organization | |  | | | | | | | | |
| Work phone |  | | Work fax | |  | | | Mobile |  | |
| Email of Contact Person | |  | | | | | | | | |

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| Institution Information | | | | | | |
| Name of Institution/Organization | |  | | | | |
| Address | |  | | | | |
| Name of President/Head | |  | | | | |
| Research Director | |  | | | | |
| Phone No. |  | | Email |  | Fax |  |
| City |  | | Province/State |  | Website |  |

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| Signatures | | | | | |
| I authorize APCoRE, Inc. for the verification of the information provided in this form. | | | | | |
| Signature of Institution’s Representative | |  | Date |  | |
| APCoRE Membership No. |  | | Signature of Authorized APCoRE Committee Official | |  |

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| Membership Revocation Policy |
| The Board of Trustees is authorized to revoke membership anytime, as it deems necessary, whenever any of the following grounds are present:   1. The Institution is proven to practice unethical conduct in the field of research and education; 2. The Institution subsequently changed its general vision and becomes no longer in consonance with that of the Consortium. 3. Failure on the part of the Institution to participate in annual conferences for three consecutive times.   4. Other grounds that are synonymous or graver than the above. |