



## **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, Aviation Road Ext. 11, P.O. Box 5744, Accra, Ghana

Phone/Fax: +221 338251909 - Email: [secretariat@wacren.net](mailto:secretariat@wacren.net) - Web: [www.wacren.net](http://www.wacren.net)