

# AFPREA



**African Peace Research and Educational Association**  
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## INDIVIDUAL MEMBERSHIP APPLICATION / RENEWAL FORM

Membership Type: NEW:  RENEWAL:  → Membership number:

### Personal information

First name and Surname:

Gender:

Job Description:

Institutional Affiliation:

Country of Residence:

### RESIDENTIAL ADDRESS:

Town:

Post code or ZIP code:

Country:

Phone:

Email:

### WORKING ADDRESS:

Town:

Post code or ZIP code:

Country:

Phone:

Email:

I apply my membership into African Peace Research and Educational Association, I hereby acknowledge by signing this form that the information provided above is true. I hereby email completed and signed application form as signed copy to [afprea@afprea.com](mailto:afprea@afprea.com) or [charleswasike@afprea.com](mailto:charleswasike@afprea.com)

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_