

AFPREA



African Peace Research and Educational Association
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INSTITUTIONAL MEMBERSHIP APPLICATION / RENEWAL FORM

Membership Type: NEW: RENEWAL: → Membership number:

Institution/Association:

Name of Director:

Address 1:

Address 2:

Town:

Post code or ZIP code:

Country:

Phone:

Email:

Web site:

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 or charleswasike@afprea.com

Signature: _____ **Date:** _____