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| **A: Institution Details** |
|  | Name |  |
|  | Type (Please indicate School, Department, Unit) |  |
|  | Name of Parent institution |  |
|  | Affiliation with parent institution  |  |
|  | Address |  |
|  | Town |  |
|  | Postcode |  |
|  | Country |  |
|  | Phone |  |
|  | Fax |  |
|  | Website address |  |

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| **B: Primary Member** |
|  | Job Title |  |
|  | Surname |  |
|  | First Name |  |
|  | Address |  |
|  | Town |  |
|  | Postcode |  |
|  | Country |  |
|  | Phone |  |
|  | Fax |  |
|  | Email |  |

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| **C: ASPHA Member 1 (nominated by Primary Member)** |
|  | Job Title |  |
|  | Surname |  |
|  | First Name |  |
|  | Address/ tOWN |  |
|  | Postcode |  |
|  | Country |  |
|  | Phone |  |
|  | Fax |  |
|  | Email |  |

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| **D: ASPHA Member 2/ Contact Person (nominated by Primary Member)** |
|  | Job Title |  |
|  | Surname |  |
|  | First Name |  |
|  | Address/ tOWN |  |
|  | Postcode |  |
|  | Country |  |
|  | Phone |  |
|  | Fax |  |
|  | Email |  |

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| **E: Size of the Institution Applying for Membership** |
|  | Number of Full Time Staff  |  |
|  | Number of Part Time Staff |  |
|  | Number of Temporary Staff  |  |
|  | Number of Undergraduate Students/Year  |  |
|  | Number of Postgraduate Students/Year  |  |
|  | Sources of Funding  |  |

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| **F: Information on Programs and Courses Undergraduate and/or Postgraduate** |
| **Name** | **Duration of Programs and Courses** | **Officially Accredited Institution in Country** |
| **Yes** | **No** |
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| **G: Information on Institution** |
|  | **Vision of Institution**  |  |
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|  | **Main Research Focus** |  |
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|  | **Ongoing Major** **Research Areas** |  |
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