



# AFPREA

Africa Peace Research and Education Association

## 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 membership into Africa Peace Research and Education Association. I hereby acknowledge by signing this application form that the information provided above is true. Please email completed and signed application form as scanned copy to the Chairperson: [afprea@afprea.org](mailto:afprea@afprea.org) and [ndaluwasike2006@yahoo.com](mailto:ndaluwasike2006@yahoo.com)

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