



AFPREA

Africa Peace Research and Education Association

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 :

We apply membership into Africa Peace Research and Education Association. We 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 and ndaluwasike2006@yahoo.com

Signature: _____ Date: _____