

**ASIA-PACIFIC CONSORTIUM OF RESEARCHERS AND EDUCATORS**

# **INDIVIDUAL MEMBERSHIP APPLICATION FORM**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Renewal  New | | | | | **Date:** | | |
|  | | | | | | | |
| Payment Details: Membership fee  $30 or PhP1,000 (Valid for three (3) years for new member and two (2) years for renewal)  Name of Bank: Banco de Oro  Address: Old Sta. Mesa – Albina Branch  Account Name: Asia-Pacific Consortium of Researchers and Educators, Inc.  Account Number: Peso Savings Account No. 007090106605  Dollar Savings Account No. 107090098491  SWIFT Code: BNORPHMM | | | Country Secretariat:  APCoRE-Philippines  RM 309, SCC Tower, CFA Compound, 4427 Old Sta. Mesa, 1016, Manila Philippines   * +63 (917) 547 7458; (02) 2540044   Email: [apcoreincorporated@gmail.com](mailto:apcoreincorporated@gmail.com)  Website: [www.apcore-inc.org](http://www.apcore-inc.org) | | | | |
| Contact details | | | | | | | |
| Inst.  Asst. Prof.  Assoc. Prof.  Dr  Prof. | | | Other (please specify) | |  | | |
| Last Name |  | First Name |  | Middle Initial | | |  |
| Date of Birth |  | | | | | | |
| Citizenship |  | | | | | | |
| Address |  | | | | | | |
| Province |  | | | | | | |
| Country |  | Region |  | | Postcode |  | |
| Work phone |  | Work fax |  | | Mobile |  | |
| Email |  | | | | | | |

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| --- | --- | --- | --- | --- | --- |
| Employment Information | | | | | |
| Current Employer |  | | | | |
| Employer Address |  | | | Years in Service |  |
| Phone No. |  | Email |  | Fax |  |
| City |  | Province/State |  | Postcode |  |
| Position |  | Academic Rank |  |  |  |

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| --- | --- | --- | --- |
| Educational Background | | | |
|  | | Institution | Year Graduated |
| Post Graduate Degree |  |  |  |
| Doctoral Degree |  |  |  |
| Master’s Degree |  |  |  |
| Bachelor’s Degree |  |  |  |

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| Fields of Specialization | |
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MEMBERSHIP APPLICATION FORM

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| Recent Research Publication (Used separate sheet if necessary) |
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| RecentResearch Fellowship, Award(s) Received |
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| Membership to Other Organization | |
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| Signatures | | | |
| I authorize APCoRE to verify the information provided in this form. | | | |
| Signature of Applicant |  | Date |  |
| APCoRE Membership No. |  | Signature of Authorized APCoRE Committee Official |  |

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| --- |
| Membership Revocation Policy |
| The Board of Trustees is authorized to revoke membership anytime, as it deems necessary, whenever any of the following grounds are present:   1. **The member is proven to practice unethical conduct in the field of research and education;** 2. **Failure on the part of the member to participate in annual conferences for three (3) consecutive times.**   **3. Other grounds that are synonymous or graver than the above.** |