**F1-** **Membership application form**

**I. Identification**

|  |  |
| --- | --- |
| Name: |  |
| Date of birth |  |
| Sex |  |
| Citizenship |  |
| ID Document Type (Passport or National ID) |  |
| ID document Number |  |
| Physical address |  |
| Email: |  |
| Tel |  |

**II. Qualifications**

II.1. Academic

|  |  |  |  |
| --- | --- | --- | --- |
| Highest academic degree  | Field | University | Completion Year |
|  |  |  |  |
| Other degrees |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

II.2. Short courses/Trainings

|  |  |  |  |
| --- | --- | --- | --- |
| Title of course /Training | Organizer | Period | Venue |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Please ensure that the documentation required for your application is attached:

* Application Letter addressed to the President of RAPEP requesting for membership.
* Copy of degree in environmental sciences or Environmental Studies
* Detailed CV
* Extract of criminal records
* Proof of Payment of **Application Fee** (Please refer to RAPEP Annual Fee for Fee amount)

**NB:** Kindly note that after review of your membership application by the committee, depending on the results of the application assessment, you will be notified and will be asked to bring proof of payment for Membership fee.

I confirm that the information I have provided on this form is true and correct.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Signature:

REVIEWERS DECISION

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Decision made | SUCCESSFUL |  | UNSUCCESSFUL |  |
| Reviewer Names: |  |
|  |
|  |
|  |
|  |
|  |
|  |
| Review Date |  |

Notes:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Stamp: