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MEMBERSHIP APPLICATION

Name _____ First _____

Address _____

City _____ State _____ Zip _____

Age _____ Date of birth ____/____/____ Sex _____

Home Phone (_____) _____ Business Phone (_____) _____

Mobile (_____) _____ Skype _____ Best
 time to contact _____ a.m. _____ p.m.

Fax (_____) _____

Email _____

URL _____

Present occupation _____

Employer _____

City _____ State _____ Zip _____

I wish to apply for the following membership class:

Membership Class A (all academic levels)

For academic, research and teaching activities in undergraduate, graduate, postgraduate and research levels (Bachelor / Master, Doctorate)

Membership Class B (postgraduate professional and academic levels)

For academic, research and teaching activities at undergraduate and graduate levels (Bachelor / Master)

Membership Class C (postgraduate professional and lower academic levels)

For academic, research and teaching activities at undergraduate and graduate levels (Associate / Bachelor)

Members may be admitted to the following categories *):

Category A1: Honorary Membership (Five star member) / **Excellence eProfessor**

Category A2: Four Star Member / **Distinguished eProfessor**

Category A3/ B1: Three Star Member / **Approved eProfessor**

Category B2: Two Star Member / **Associate eProfessor / eLecturer**

Category B3: one Star Member / **Adjunct eProfessor / eLecturer**

***) The classification in each category is based on proven skills and achievements as determined by the Election Committee of the eProfessors Network and documented in an eProfessor's Certificate.**



Education

Information must be complete with exact dates given on each entry. Please attach *copies* of transcripts, licences, or certificates.

A. Secondary Education

Please indicate the name of the High School and year graduated, or date of High School Diploma, Baccalaureate or equivalent.

Name _____ City/State _____ Year _____

B. College / University

Please list the degree(s) earned, i.e., Bachelors, name of the school, degree major

College/University name	Degree	Year(s) of attendance	Hours learned	Graduation date
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if more space is needed, lease add additional sheet(s)

C. Professional/Technical Certificates or Licenses.

Name of Organisation	Area of Study	Year Attended	Certificate/License
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D. Professorship award

Name of Award: _____ Date of Award: _____

Awarding Body: _____

Country: _____

Address of Awarding Body: _____

The eProfessors Network is an equal opportunity employer and is committed to an environment that is free from discrimination or harassment on the basis of gender, gender identity, race, ethnicity, national origin, color, religion, disability, sexual orientation, age, genetic information.



EMPLOYMENT HISTORY

Start with first job and progress in order to present. Describe duties, responsibilities, number of employees you have supervised, in-depth detail of knowledge and experience gained and skills you have shown in the performance of your occupation.

Name of employer _____ occupation _____ years employed _____

If necessary, add additional sheet
Professional Associations: Please list any trade organisations or professional associations to which you belong, such as your local Chamber, Rotary, or CAFC, and any positions held within these organisations that you feel have contributed to your professional growth.

Name of organisation _____ years as a member _____ membership class _____

LANGUAGES: PLEASE IDENTIFY AND INDICATE YOUR LANGUAGE PROFICIENCY ON THE LINE BELOW.

- 1 Elementary speaking ()
- 2 Limited word proficiency ()
- 3 Good Command ()
- 4 Professional Use ()

English Proficiency _____ Other languages _____

Describe level (see above 1 – 4) _____

Do you hold language certificates or diplomas ?



Passport Data:

Country _____

Name as listed _____

Passport was issued at _____ Passport Number _____

ATTACH
A RECENT
PHOTO

DOCUMENTS: ARE ATTACHED () WILL BE POSTED UNDER SEPARATE COVER ()

- High School Diploma () University degree (s) ()
- Baccalaureate () State Examination (s) ()
- Other () Other ()
- Passport/ID card copy () CV ()

DECLARATIONS:

1. I certify to the best of my knowledge the information provided in this application is accurate and complete. I understand that if this information or any other information upon which my admission to membership is based is found to be inaccurate or incomplete, the eProfessors Network may revoke my application. If admitted, I agree to abide by the rules and regulations of the eProfessors Network including, but not limited to, those contained in the current website, catalogs etc. I acknowledge that all documents which I submit become the property of the eProfessors Network and will not be forwarded to another institution or returned.
2. The eProfessors Network is a responsible organisation. Data entered in this form will be used internally to keep you advised of the Network's activities and other matters of educational interest and to help us to provide you with a full range of services. This data may also be shared in a non-personalised way with reputable third party organisations (such as government agencies) for purposes such as academic research. Your details will never be shared with commercial groups or for financial profit without your express prior permission. The way we treat your data will at all times conform to the provisions of the Data Protection Act.
3. It is assumed that your professionalism is confirmed by your acceptance of the eProfessors Network's Code of Practice. Please mark the box to signify your acceptance of the **eProfessors Network's Code of Practice**.

Fees:

Annual membership dues for 2014 are:

- Category A** €525,-
- Category B** €425,-
- Category C** €325,-

All contributions will be used for operating, administrative costs and maintenance of the "eProfessors Network."

eProfessors' personal Toolkit:

personal Website (subdomain) under www.eprofessors.net

(<http://yourname.eprofessors.net>)

personal email (subdomain) under www.eprofessors.net

"Your name@eprofessors.net"

Entry in the Peers' Register of Certified eProfessors (online and print version)

eProfessors' Certificate

personalized ID Card

Package prize (one time fee) €475,-

If accepted as a member of the eProfessors Network, I order () don't order () the personal Toolkit.

Please do not send money unless your membership is confirmed. Upon confirmation you will receive the Invoice with detailed payment instructions and Bank data.

_____/_____
Applicant's Signature **Date**

(don't write in this field - for official use only)
Date Application received: File number: processed: Administrator: