



ASIA PACIFIC ASSOCIATION OF FORESTRY RESEARCH INSTITUTIONS

APPLICATION FOR MEMBERSHIP

1. Name of the institution and address: _____ Telephone: _____
_____ Fax: _____
_____ E-Mail: _____
_____ Website: _____

2. Type of organization (Mark the appropriate type):

Government: (i) Part of Government Department (ii) Autonomous
University Industry Managed Other Private Sector NGO

3. Year of establishment: _____

4. Areas of priority research (List 5 most important areas):

- a) _____
b) _____
c) _____
d) _____
e) _____

5. Number of research professionals:

Qualifications	Number
Ph.D and above	
Post Graduates	
Graduates	
Diploma Holders	

6. Name and designation of the person who will represent the institution in APAFRI General Assembly Meetings:

Members making payment via bank transfer are kindly urged to notify the APAFRI office (by, mail, fax or e-mail) within fifteen days of transfer in order for proper credits to be applied.

Attached is a cheque/demand draft No: _____ for _____ being the membership subscription for the year _____. Please enroll the institution/organization as a member of the Asia Pacific Association of Forestry Research Institutions (APAFRI).

Date: _____

Signature: _____

Name: _____

Designation: _____

MEMBERS OUTSIDE MALAYSIA: Please make your payment in US dollars via cheque or by bank transfer payable to: APAFRI Account No: (1251-0005440-05-1), Bumiputra Commerce, Desa Jaya, Kepong Branch, 4 Jalan 54 Desa Jaya, Kepong, 52100 Kuala Lumpur, Malaysia.