**MEMBERSHIP APPLICATION FORM**

|  |  |
| --- | --- |
| 1) Full Name (including Grand father’s name): |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 2) Qualification: |  | 3) Field of specialization: |  |

|  |  |
| --- | --- |
| 4) Work experience (years): |  |

|  |  |
| --- | --- |
| 5) Institutional affiliation: |  |

|  |  |
| --- | --- |
| 6) Nationality (If not Ethiopian) |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 7) Address (Private/ Institutional): | |  | | |  | |
| Mail (P.O.Box): |  | City: |  | Country: | |  |
| Tel: |  | | Fax: |  | | |
| E-mail: |  | | | | | |
| Web Page: |  | | | | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 8) Membership Type: | Regular |  | Associate |  | Student |  | Institution |  |

**For further Information Contact:**

EGMEA Secretariat (Email: [egmeasecretariat@gmail.com](mailto:egmeasecretariat@gmail.com))

School of Earth Sciences

Addis Ababa University (Arat Kilo Campus)

Addis Ababa, Ethiopia

**FOR OFFICIAL USE ONLY**

Date of Acceptance: …………………….. Approved by (President): …………………………………………….