| ECSPM Institutional Member Application Form | | |
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| Applicant Information | | |
| Organisation full title and acronym: | | |
| Phone: | E-mail | Website: |
| Current address: | | |
| City: | Country: | Postal Code: |
| HEAD OF ORGANISATION | | |
| Name: | | |
| Expertise: | | |
| Professional position: | | |
| Phone: | E-mail: | Fax: |
| City: | Country: | Postal Code: |
| Contact person | | |
| Name: | | |
| Area of expertise: | | |
| Professional position: | | |
| Phone: | E-mail: | Fax: |
| Main activities of the institution | | |
| Please list below: | | |
| activities specifically related to promoting plurilingual competence, education for multiliteracies & multilingual citizenry | | |
| Please list below: | | |
| MEMBERS / STAFF | | |
| Please give an overview of the size and composition of members / staff involved in your institution, with an indication of relevant qualifications/experience in issues relevant to multilingualism. | | |
| contribution to the ecspm | | |
| Please refer to (a) your understanding of multilingualism and (b) how you can help the ECSPM to achieve its purpose and to grow as an organization. | | |
| Signature of applicant: | | Date: |