| 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: |