ECSPM INSTITUTIONAL MEMBER APPLICATION FORM

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:

1. MAIN ACTIVITIES OF THE INSTITUTION

Please list below:

2. ACTIVITIES SPECIFICALLY RELATED TO PROMOTING PLURILINGUAL COMPETENCE, EDUCATION FOR MULTILITERACIES & MULTILINGUAL CITIZENRY

Please list below:

3. 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.

4. 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: