



THE NETWORK OF INSTITUTES AND SCHOOLS OF PUBLIC
ADMINISTRATION IN CENTRAL AND EASTERN EUROPE

APPLICATION FOR MEMBERSHIP

GOVERNMENTAL

INSTITUTIONAL

ASSOCIATE

For GOVERNMENTAL, INSTITUTIONAL and ASSOCIATE MEMBERS

Name of Institution:

Type/Status:

Govern. Supported university/institution

Government agency or institution

Independent university/institution

Other (please explain):

Program Level:

Undergraduate

Post-graduate

In-service

Other (please explain):

Name of Academic Unit/Faculty applying for Separate Membership:
.....

Address of Academic Unit:

LEGAL REPRESENTATIVE OF THE INSTITUTION

Surname:

First name:

Academic title:

Position:

tel: fax: e-mail:

DIRECTOR/DEAN OF THE ACADEMIC UNIT/FACULTY

Surname:

First name:

Academic title:

Position:

tel: fax: e-mail:

PRINCIPAL REPRESENTATIVE

Surname:

First name:

Academic title:

Position:

tel: fax: e-mail:

Data of the Institution FOR the NISPAcee homepage on Internet (<https://www.nispa.org>):

Institutional Postal Address:

tel: fax:

e-mail homepage:

I hereby confirm that I have read the information concerning NISPAcee membership in the [NISPAcee Bylaws](#) published on the NISPAcee website and I apply for the membership under its regulations.

Date:

Signatures:

On behalf of Institution

.....
Legal Representative of the
Institution date

.....
Director/Dean of the Academic
Unit/Faculty date

.....
Principal Representative
date

The NISPAcee Headquarters
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