## ASIA PACIFIC THEOLOGICAL ASSOCIATION

## Membership Application: Institutional

Name of School:	
Location Address:	Mailing Address:
Phone: Fax:	E-Mail:
President/Principal:	Academic Dean:
Chairman of the Board:	
SCHOOL BACKGROUND:	
Years of study offered (1, 2, 3, etc.):	ch, etc.):od? □ YES □ NO udents currently enrolled:Both
APPLICATI	ON CERTIFICATION
As President /Principal of the above named school, I hereby certify that by official action of the Governing Board of school, we wish to apply for membership in APTA. I further certify that we have read the APTA Constitution and Bylaws, that we are in agreement with the <i>Statement of Fundamental Truths</i> contained therein (Article III), and that I agree to cooperate fully with the purposes, objectives and programs of APTA.	
Signed	Date
Oigned	Date
Send to the mailing address below along	OFFICIAL USE
with the application fee of US\$30.00	Date Received:
Dr. Alex Fuentes. Executive Director	
P.O. Box 13844	Action: Approved
Ortigas Center Post Office	Disapproved
1605 Pasig City, Philippines	bisapproved
	Date:
	Updated November 2002