



We welcome educators, researchers, and professionals in the field of higher education to join the International Association for Colleges and Universities (IACU) as personal members. By becoming a member, you contribute to a global network dedicated to advancing education, fostering innovation, and supporting skill development worldwide.

SECTION 1: PERSONAL INFORMATION

Full Name : _____

Date of Birth : _____

Gender : Male Female Other

Nationality : _____

Contact Information:

Email Address : _____

Phone Number : _____

Mailing Address : _____

Street Address : _____

City : _____

State/Province : _____

Country : _____ Postal Code: _____

SECTION 2: PROFESSIONAL BACKGROUND

Current Position/Title: _____

Institution/Organization Name: _____

Department/Faculty: _____

Professional Qualifications: _____
(Please list relevant degrees, certifications, or accreditations)

Years of Experience in Higher Education: _____

Areas of Expertise: _____
(Please list relevant degrees, certifications, or accreditations)

SECTION 3: MEMBERSHIP CATEGORY

Membership Type :
(Please select one)

- Academic Member:** For professors, lecturers, and educators actively involved in teaching.
- Research Member:** For individuals engaged in academic or applied research in higher education.
- Associate Member:** For professionals supporting education (e.g., administrators, counselors, educational consultants).
- Student Member:** For graduate or postgraduate students pursuing higher education degrees.
- Affiliate Member:** For individuals with an interest in higher education but not directly involved in teaching or research.

SECTION 4: INVOLVEMENT WITH IACU

Why do you want to join IACU? (Please provide a brief description)

How do you intend to contribute to IACU's mission? (Check all that apply)

- Participating in Research Projects
- Collaborating on Educational Programs
- Joining Committees or Working Groups
- Contributing to IACU Publications or Conferences
- Networking with Other Members
- Other (Please Specify)

Would you like to receive updates and newsletters from IACU?

- Yes
- No

SECTION 5: CONTRIBUTION TO IACU

Please provide any additional information or comments that might support your application:

SECTION 6: DECLARATION

I hereby declare that the information provided above is true and accurate to the best of my knowledge.

Name: _____

Signature: _____ Date: _____

SECTION 8: SUBMISSION

Please submit this completed form to:
info@iacuglobal.org

Or send a hard copy to:
**International Association for
Colleges and Universities, Inc.**
30N Gould St Ste N, Sheridan, WY 82801,
United States of America