**APPLICATION FOR MEMBERSHIP IN SANORD**

The [INSTITUTION NAME] would like to apply for membership in SANORD.

We have familiarised ourselves with the SANORD Statutes and the document Information about SANORD available on the SANORD portal.

We support the values and goals of SANORD and will endeavour to contribute actively to the building of the SANORD network.

Annexure I provide information on our institution and SANORD contact persons.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Place and date |  |  |  |  |
| Name (print) |  |  |  |  |
| Signature |  |  |  |  |
|  |  | Head of institution |  | SANORD Contact person |

**Annexure I: Information on the applicant institution**

**A: Contact information**

|  |  |
| --- | --- |
| **Institution** | |
| Name |  |
| Postal address |  |
| Email |  |
| Telephone |  |
| Telefax |  |
| Web-site |  |
|  |  |
| **Head of institution** | |
| Name |  |
| Title |  |
| Position |  |
| Email |  |
| Telephone (w) |  |
| Telephone (m) |  |
|  |  |
| **Institutional deputy** | |
| Name |  |
| Title |  |
| Position |  |
| Email |  |
| Telephone (w) |  |
| Telephone (m) |  |
|  |  |
| **SANORD Contact Person** | |
| Name |  |
| Title |  |
| Position |  |
| Email |  |
| Telephone (w) |  |
| Telephone (m) |  |
|  |  |
| **Web-editor for SANORD matters** (if other than above) | |
| Name |  |
| Title |  |
| Position |  |
| Email |  |
| Telephone (w) |  |
| Telephone (m) |  |

**B: Institutional involvement in research and academic cooperation**

|  |  |
| --- | --- |
| **Institutional research specialisations – priority areas** (add as desired) | |
| 1 |  |
| 2 |  |
| 3 |  |
|  |  |
|  |  |
|  |  |
| **Current bilateral or multilateral cooperation with Nordic institutions in higher education, research or academic networking** (as desired) | |
| 1 |  |
| 2 |  |
| 3 |  |
| **Current links with donors in higher education and research** (add as desired) | |
| 1 |  |
| 2 |  |
| 3 |  |
| **Any other comments or information** (optional) | |
| 1 |  |
| 2 |  |
| 3 |  |

**Please send the signed membership application form, including your institutional details (Annexure 1) and your institutional logos in colour and black and white, to:**

SANORD Central Office

att. Director, Mr Umesh Bawa

University of the Western Cape

Private Bag X17

Bellville, 7535

SOUTH AFRICA

It will also be adequate to scan and email the signed document to Umesh Bawa (ubawa@uwc.ac.za) with a copy to Kelly Cyster and Nicole Umwizerwa ([sanordcentraloffice@uwc.ac.za](mailto:sanordcentraloffice@uwc.ac.za)) and the Nominations Committee ([sanordnomcommittee@uwc.ac.za](mailto:sanordnomcommittee@uwc.ac.za)).