



cyprus
animation
association

Membership Application Form

Name and Surname

Telephone email

ID Number Date of Birth

Address

City Post Code Country

Website

Degree Title

Educational Institution / University

Year of Graduation

Master's Degree Title

Educational Institution / University

Number of Years of Professional Service

Current Professional Status

Area of Specialization

Teaching Experience | Educational Institution / University

Number of Years of Experience in Teaching Subject

Annual CAA membership fees €20
Annual ASIFA membership fees (optional) €15

I certify that the information provided is accurate and true

Signature