



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

First time application fees €5
Annual CAA membership fees €20
Annual ASIFA membership fees (optional) €15

I certify that the information provided is accurate and true

I confirm that I have read and agree with the CAA statutes

Signature

*Disclaimer: We will not, in any circumstances, share your **personal information** with other individuals or organizations without your permission, including public organizations, corporations or individuals, except when applicable by law. We do not sell, communicate or divulge your **information** to any mailing lists.*