ARA Membership Application Form

Affiliate member

NAME

______________________________________________________________________________

TITLE

______________________________________________________________________________

Birthplace and Date

______________________________________________________________________________

Citizenship

______________________________________________________________________________

Present Occupation

______________________________________________________________________________

Profession

______________________________________________________________________________

Competencies

______________________________________________________________________________

Affiliate Organization

______________________________________________________________________________

ADDRESS:_______________________________________________________________________

____________________________________________________________________________________

Other Information: __________________________________________________________________

____________________________________________________________________________________

Tel (home): _______________________________     Tel (cell): ________________________________

Email Address: ____________________________________Website: __________________________

Please check all of the following statements:

□ ARA Affiliate Membership dues are $ 100 US, payable by December 1, each year;

□ I understand the mission and the vision of ARA Academy, the ARA Bylaws
(http://www.AmericanRomanianAcademy.org/bylaws) and my responsibilities and rights as
an Affiliate ARA Member;

□ I understand and acknowledge that I will need to engage in ARA activities and participate to
ARA Congresses to support the ARA Academic community.

Signature                                                      Date

Please print and complete this ARA Application Form and send it to the ARA President: Prof.
Ruxandra Vidu: info@AmericanRomanianAcademy.org