

**APPLICATION FORM FOR AFFILIATE STATUS**

***(Please type or write clearly in block letters)***

***On completion, applications should be forwarded to:***

*The Secretary*

*Asia Pacific Accreditation Cooperation*

*18 Ramsay Avenue*

*West Pymble*

*NSW 2073*

*Australia*

*email:* *secretariat@apac-accreditation.org*

**SECTION A**

Name of Organisation in Full (English):

Name of Organisation in Full (Own Language):

Short Name/Acronym:

|  |
| --- |
| Address: |
| Country: |
| Telephone: |
| Facsimile: |
| Email: |
| Website: |
| Contact Person: |
| Position Within Organisation:  |

**SECTION B**

|  |  |
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| 1. | Please describe the nature of the organisation’s business and how it relates to accreditation body activities. Please also provide documentary evidence that the organisation is a legal entity, for example, certificate of incorporation, business registration certificate, etc. |

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| 2. | Describe the relationship, if any, that the organisation has with its domestic accreditation body/ies.  |

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| --- | --- | --- | --- | --- | --- |
| 3. | Is the accreditation body part of a larger  | Yes |  | No  |  |
|  | organisation for example, Government Department or Ministry? |  |

|  |  |
| --- | --- |
|  | If “Yes”, please provide an organisation chart showing how the accreditation  |
|  | body fits into the larger organisation *(Please attach separately).*  |

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| 4. | Please include a description of how the organisation intends to participate in APAC’s activities. |

**Affiliate Application Declaration**

I hereby declare that the organisation satisfies the requirements for Affiliate status and confirms its commitment to and support for the objectives of APAC.

I agree that, if this application is accepted by APAC, the organisation shall be bound by and at all times abide by the APAC Constitution and APAC Regulations and Codes.

|  |  |
| --- | --- |
| (Name) |  |
|  | (please print)  |

|  |  |
| --- | --- |
| (Position) |  |

|  |  |
| --- | --- |
| (Signature)  |  |

|  |  |
| --- | --- |
| (Date) |  |