# **Request for ACEEU Membership**

# I, the undersigned, **[full name],**

representing **[name of institution/faculty/school/department, address, zip code and city, country]**

as **[position],**

confirm our application for ACEEU Membership.

**We are interested in joining ACEEU to advance**

[x] entrepreneurship (delete “x” where appropriate)

[x] engagement (delete “x” where appropriate)

**at the following level:**

[x] institutional level

[x] faculty/school/department level.

**Reasons for joining ACEEU:**

[Please provide a maximum 400-word long statement]

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Date Signature and stamp