

# Membership Application Form Educational Institutions

Name of Institution: \_\_\_\_\_

Name of Contact: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Country: \_\_\_\_\_ Post/Zip Code: \_\_\_\_\_

Tel No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Website Address: \_\_\_\_\_

## Please Answer the following questions:-

1. If you are a private college or language school, please state which official Accreditation you hold?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Do you have an non EU international students, if yes please write an approx numbers as below;

Pakistan: \_\_\_\_\_

India: \_\_\_\_\_

Bangladesh: \_\_\_\_\_

South Korea: \_\_\_\_\_

Malaysia: \_\_\_\_\_

Others: \_\_\_\_\_

3. Please tick the successful method for student recruitment so far (Please number if you want to tick more than one.

- Agents
- Institution website
- Newspaper Advertisements
- Exhibitions/ Seminars
- Online Marketing
- Affiliate institutions
- Collaboration Programs

4. Please write the countries in which you will be interested for international student recruitment and educational collaborations

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

Where did you hear about Education Consortium?

---

---

---

Signature: \_\_\_\_\_.

Designation: \_\_\_\_\_

Please FAX or post the application as below

**Education Consortium Ltd**  
**Suite # 124, 111 West George Street**  
**Glasgow**  
**G2 1QX**  
**United Kingdom**

**Tel: 00 44 141 416 5595**  
**Fax: 00 44 141 282 9897**