

MEMBERSHIP APPLICATION

CANQATE

The Caribbean Area Network for Quality Assurance in Tertiary Education (**CANQATE**) was established in 2004 as a sub-network of the International Network for Quality Assurance Agencies in Higher Education (**INQAAHE**).

The aims and objectives of **CANQATE** are compatible with those of INQAAHE whose principal purpose is to “enable members to share information about the maintenance, evaluation, accreditation and improvement of higher education and to disseminate good practices in the field of Quality Assurance”.

Membership in CANQATE is open to all countries in the Caribbean. CANQATE has three kinds of membership:

- **Full:** organizations such as accrediting agencies, universities and other tertiary institutions, evaluation agencies and similar organizations within the region responsible for assuring the academic quality of tertiary institutions or educational programmes;
- **Associate:** Organisations with a major interest in evaluation, accreditation and quality assurance in higher education, but without the responsibility for assuring quality for institutions or education programmes;
- **Individual:** persons who are interested in and/or involved in quality assurance.

Honorary members may be appointed at the discretion of the Board/Management Committee from among persons who have made or are making distinguished contribution in keeping with the goals of CANQATE.

How to Apply

To apply for membership in CANQATE, the applicant must complete the Membership Registration Form below and send to the Secretariat of CANQATE for approval. Included on this form is information pertaining to the applicant’s role, interests, responsibilities and operations. If approval is granted you will be sent an invoice and directed to complete payment as follows:

Membership Fees Per Annum:

- Full Members: US \$200.00
- Associate Members: US \$150.00
- Individual Members: US \$100.00



Please provide the following information for consideration for membership.

Membership Type <i>(please select one)</i>	<input type="checkbox"/> Full	<input type="checkbox"/> Associate	<input type="checkbox"/> Individual
Country			
Name of Agency/Organisation/Individual			
Position <i>(Individual Member)</i>			
Name and Title Agency/Organisation Head <i>(Full & Associate Members)</i>			
Contact Person <i>(Full & Associate Members)</i>	Name	Position	
Agency/Institution/Organisation of Individual Member			
Mailing Address			
Contact Details	Telephone (Work): (Mobile):		
	Email:		
	Website:		
Explain briefly your interest in becoming a member of CANQATE:			

Give brief background about your organisation (accreditation status, etc) [Full Membership applicant]

Brief account of involvement in quality assurance (Individual membership applicant)

Signature:

Date:

FOR CANQATE USE ONLY

Approved

Not Approved

Comments

Signature