



**EASTERN REGIONAL ORGANIZATION FOR PUBLIC ADMINISTRATION**  
**SECRETARIAT GENERAL**

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**STATE MEMBERSHIP APPLICATION FORM**

<b>I. ORGANIZATIONAL INFORMATION</b>	
Name of Organization	
Country/Location	
Objectives	
History	
Activities	
Publications	

<b>II. CONTACT DETAILS</b>	
Name, Email Address, and Phone Number of Contact Person	
Mailing Address	
Phone Number	
Facsimile Number	
Email Address	
Website	
Link to recent activity/publication	

\* Please use additional sheets if necessary.

III. OFFICERS/STAFF		
Name	Position	Term/Years

\*Provided recent activity reports and publications are unavailable for view online, attach them with this membership form.

For state membership, include a **formal letter requesting membership**, and agreement to conform with EROPA rules and regulations. Membership to EROPA is subject to the approval of the EROPA Executive Council. The EROPA Secretariat will contact you regarding the status of your membership. The annual membership fee depends on the socio-economic status of the state requesting membership. Visit [www.eropa.co](http://www.eropa.co) for more information. EROPA maintains a published roster of Experts and Practitioners (Exp) to which institutions are welcome to nominate. Visit [www.eropa.co/join-eropa-exp.html](http://www.eropa.co/join-eropa-exp.html) for more details