



AMERICAN ROMANIAN ACADEMY OF ARTS AND SCIENCES (ARA)
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ARA Membership Application Form

Affiliate member

NAME _____

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Birthplace and Date _____

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Present Occupation _____

Profession _____

Competencies _____

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Please check all of the following statements:

- ARA Affiliate Membership dues are \$ 100 US, payable by December 1, each year;
- I understand the mission and the vision of ARA Academy, the ARA Bylaws (<http://www.AmericanRomanianAcademy.org/bylaws>) and my responsibilities and rights as an Affiliate ARA Member;
- I understand and acknowledge that I will need to engage in ARA activities and participate to ARA Congresses to support the ARA Academic community.

Signature

Date

Please print and complete this ARA Application Form and send it to the ARA President: Prof. Ruxandra Vidu: info@AmericanRomanianAcademy.org