



Middle East Association for Theological Education
رابطة الشرق الأوسط للتعليم اللاهوتي

Membership Application

This application is for the purpose of becoming a member of MEATE. This association is designed to be a service organization for theological training institutions in the Middle East and North Africa.

Applicant Information

Type of Membership: Associate Member Full Member

Full Name of Institution: _____

Main Branch Address: _____
Street Address

City Country

Phone Number: _____ Email : _____

Website address: _____

Institution Establishment
Date (D/M/Y): _____

Number of Branches: _____

Name of Institutional
Leaders:
(Please Give Titles)

President E-mail and
Phone number: _____

Denominational
Affiliation (S): _____

Type of Institution

- External
- Residential
- Correspondence
- E-Learning
- Commuter
- Other: _____

Institution’s Vision: _____

Institution’s Objectives : _____

Overview of the Academic Programs(s): _____

Faculty List (Name & Position): _____

Number of Employees: _____

Board List (Name & Position): _____

Describe your Interest in joining MEATE: _____

Give a Brief History of your Institution: _____

How many students have graduated in the last 3 years: _____

Please Include Letters of Recommendation from two MEATE Institutions, one from the same country and one From outside the country.

- We have read the Doctrinal Statement of MEATE and we are in agreement with it.
- We have read the Constitution and By-Laws of MEATE and we are in agreement with them.

Date: _____

Signed: _____

<u>For Official Use</u>	
Date received: -----	Date Reviewed: -----
Action Taken: -----	Officer: -----