

MEMBERSHIP APPLICATION



INTERNATIONAL FOUNDATION OF
FASHION TECHNOLOGY INSTITUTES

www.iffiti.org

Type of Membership : Regular Associate Outreach

Name of Proposer : _____

Name of the sponsoring IFFTI Member Institution: _____

The Institution

Name (legal identity): _____

Year of Establishment: _____ [DD / MM / YYYY] Public Private

Institutional Contact Person

Name : _____

Address : _____

Telephone : _____ Fax : _____

Email : _____

Web Address : _____

The Head of Institution

Name : _____

Designation : _____

Contact Details : _____

Telephone : _____ Fax : _____

Email : _____

The nominated delegate who would represent the Institution at the yearly General Council Meetings of IFFTI

Name : _____

Designation : _____

Contact Details : _____

Telephone : _____ Fax : _____

Email : _____

Recognition of the Institution by appropriate authority (Ministry of Industry/Ministry of Education, etc.

Accreditation by National Organisations:

List titles of qualifications (PHD, Masters, Degree / Diploma, also listing the discipline, specializations or concentrations of each qualifications. Applicants should provide three copies of prospectus from preceding and current academic years, together with the year of commencement of the awards. Advise number of students currently enrolled in the fashion and textiles programs.

Faculty Profile - Applicants should provide documentation of key Academic and General staff.

Research Profile - Applicants should provide a brief summary of research initiatives being pursued by the Institution (if applicable).

Over view of Fashion Education Facilities (in terms of library, studio/laboratory and other dedicated facilities)

Relationships with Industry

Links with Alumni

Any other information that you would like to furnish in support of your membership:

Kindly provide three copies of Institution's publications, highlighting its strengths, achievements and contributions to Fashion Education.

Enclosures

Kindly enclose the following in triplicate in support of the application for membership:

- a. A letter of intent signed by the Head of the Institution.
- b. Certificate of Registration.
- c. Certificate issued by the accrediting body.
- d. Supporting letter of recommendation from an existing member institution of IFFTI bearing the signature of the authorised signatory of that Institution.
- e. Documents (catalogues/other printed material/photographs) in support of the information provided in this application form.

Signature of Authorised Signatory: _____

Name : _____

Designation : _____

Date : _____