

**PLANET (FULL) MEMBER INFORMATION FORM**

As defined in the ASPAC Constitution, Planet Members are centres of science and technology in the Asia Pacific Region that offer hands-on interactive exhibitions and educational programs to further the public understanding of science and technology.

ASPAC welcomes the involvement of Planet Members in the network’s role in facilitating communication and cooperation amongst centres, museums and other organisations to encourage excellence and innovation in informal learning and the public understanding of science and technology in the Asia Pacific region.

This form allows you to provide or update your contact details for inclusion on the ASPAC Membership Database. Your data will be used by the ASPAC Executive Council for communication purposes within ASPAC and will not be provided to others for any purpose.

On this form, you can specify the information to be displayed in the Members section of the ASPAC website.

Please check your answers in the box [ [ ]  ].

[ ]  Existing Planet Member [x]  Applying to be a Planet Member

**GENERAL INFORMATION**

|  |  |  |
| --- | --- | --- |
|  | General information about your organisation | *Please check box if information is an update on previous information provided* |
| Name of organisation (in English) |  | [ ]  |
| Name of organisation (in local language) |  | [ ]  |
| Date opened or established |  | [ ]  |
| Physical address (include country/region) |  | [ ]  |
| Postal address (include country/region) |  |  |
| General telephone enquiries (include country/region and region code) |  | [ ]  |
| General facsimile (include country/region and region code) |  | [ ]  |
| General email |  | [ ]  |
| Website |  | [ ]  |

**OFFICER CONTACT INFORMATION**

In addition to general information, ASPAC maintains a directory of contact officers. It is vital that each member provides ASPAC with up-to-date contact information. In addition, we prefer to list these contact details in the Members section of the ASPAC website. However, if you prefer that these details not be listed on the website, do not check the box.

**Director** – The most senior executive in the organisation

|  |  |  |
| --- | --- | --- |
| Name |  | Please check box if you agree that this information can be listed on the ASPAC website. [ ]  |
| Title (Dr/Mr/Ms/etc) |  |
| Position (CEO/etc) |  |
| Direct telephone or personal assistant telephone (include country and area code) |  |
| Direct facsimile (include country and area code) |  |
| Direct email |  |

**ASPAC Liaison Officer 1** – Responsible for day-to-day communications with ASPAC

|  |  |  |
| --- | --- | --- |
| Name |  | Please check box if you agree that this information can be listed on the ASPAC website. [ ]  |
| Title (Dr/Mr/Ms/etc) |  |
| Position (Manager/etc) |  |
| Direct telephone or personal assistant telephone (include country and area code) |  |
| Direct facsimile (include country and area code) |  |
| Direct email |  |

**(Optional)** **ASPAC Liaison Officer** **2** – Responsible for day-to-day communications with ASPAC.

|  |  |  |
| --- | --- | --- |
| Name |  | Please check box if you agree that this information can be listed on the ASPAC website. [ ]  |
| Title (Dr/Mr/Ms/etc) |  |
| Position (Officer/etc) |  |
| Direct telephone or personal assistant telephone (include country and area code) |  |
| Direct facsimile (include country and area code) |  |
| Direct email |  |

**WEBSITE INFORMATION**

Planet Members are requested to provide the following information for publication in the Members section of the ASPAC website.

|  |  |
| --- | --- |
| Vision or Mission |  |
| Activity Summary  |  |
| Status of the organisation | (Type of business or legal entity) |

In addition, please attach copies of the following documents together with this form in your email:

(1) logo for your organisation

(2) image of your organisation (this could be an image of your building, or an image representative of your activities/services relevant to ASPAC)

**THANK YOU**

Thank you for providing this information/update. Please provide your contact details in case we have questions regarding this information:

|  |  |
| --- | --- |
| Name |  |
| Title (Dr/Mr/Ms/etc) |  |
| Direct telephone (include country and area code) |  |
| Email |  |
| Date information provided |  |

Send to:

Executive Director, ASPAC

Email maribel.garcia@themindmuseum.org