



EAED AFFILIATE STATUS Sponsor Form

Candidate's Name: _____

Sponsor's Name: _____

I have known personally the candidate for _____ years.

I know that the candidate is an outstanding professional who meets the highest criteria of the Academy, is of good character and maintains an ethical behaviour with his/her peers and collaborators.

I highly recommend the EAED to accept her/him as an EAED Affiliate.

Signature _____

Date _____

REQUIREMENTS

YOUR NOMINATION HAS TO BE SPONSORED BY 3 ACTIVE OR LIFE MEMBERS WHO KNOW YOU WELL, WITH AT LEAST ONE OF THE SPONSORS FROM A COUNTRY OTHER THAN YOUR OWN. THESE SPONSORS WILL ASSUME THE RESPONSIBILITY OF ACCOMPANYING YOU DURING THE ENTIRE PROCESS ALL THE WAY THROUGH TO YOUR EVENTUAL PRESENTATION AS A FUTURE CANDIDATE FOR ACTIVE MEMBERSHIP.