



C/O of University of Malawi,  
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Malawi

## MAREN IDENTITY FEDERATION (MIF) MEMBERSHIP APPLICATION FORM

### Introduction

This form should be completed by any institution applying for membership to the MAREN Identity Federation (MIF) and returned to the MAREN Secretariat. It should be scanned and emailed to [ceo@maren.ac.mw](mailto:ceo@maren.ac.mw), [systems@maren.ac.mw](mailto:systems@maren.ac.mw) and [support@maren.ac.mw](mailto:support@maren.ac.mw)

When filling this form, please **use upper case letters**.

The information you provide on this form will be held and processed at MAREN to implement and support your organization's service through MAREN Identity Federation.

### SECTION I (a): The Institution

Name of institution: .....

Address: .....

Membership Category:

Identity Provider (IdP)

Service Provider (SP)

IdP and SP

### SECTION I (b): The Institution Administrative Contact

Name: .....

Phone Numbers: (i) ..... (ii) .....

Email addresses: (i) ..... (ii) .....

### SECTION I (c): The Institution Technical Contact

Name: .....

Phone Numbers: (i) ..... (ii) .....

Email addresses: (i) ..... (ii) .....

### SECTION II: Commitment Declaration

I, the undersigned, confirm that:

- My institution will comply with the MAREN Identity Federation (MIF) Policy, which may be reviewed from time to time.
- The information given on this form is valid to the best of my knowledge and belief.

Signature:	
Name:	
Position in Institution:	
Date:	