



**EFIS**  
Ethiopian Federated Identity System

## Ethiopian Education and Research Network

### Ethiopian Federated Identity System (EFIS) Membership Application Form

#### Thinking about joining EFIS?

This form is for Ethiopian educational or research institutions interested in becoming EFIS members.

#### What to do:

1. Fill out the form completely.
2. Get it signed by an authorized representative from your institution.
3. Choose your submission method:
  - ✓ **Email:** Send it electronically to **idp@ethernet.edu.et** with the subject line "EFIS Membership Application".
  - ✓ **In-person:** Deliver the completed form directly to the EthERNet offices.
4. Need help? Contact us (EthERNet support team) for any questions or assistance filling out the form. Our contact information can be found on the EFIS website: <https://efis.ethernet.edu.et/> OR <https://ethernet.edu.et>

**Important note:** Free technical support for EFIS membership is only available to public universities. All applications will be reviewed based on established EFIS membership criteria.

**To minimize errors when processing your application, please consider using uppercase letters when filling out the form.**

#### SECTION I (a): The Institution

Name of institution	Current President Full Name	Address - City	Number of Campuses	Membership Category

Note: for the membership category put **IDP** for Identity Provider, **SP** for Service Provider or **IDP and SP** for both.

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

Full Name	Position	Phone Number	Institution Email Address

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

Full Name	Position	Phone Number	Institution Email Address

**SECTION II: Declaration**

**By submitting this form, you are confirming the following on behalf of your institution:**

- **Agreement to Policies:** You agree to follow the guidelines set forth in the Ethiopian Federated Identity System (EFIS) Policy. This policy may be updated periodically, so please check the EFIS website <https://efis.ethernet.edu.et/> for any changes.
- **Accuracy of Information:** You confirm that the information provided in this form is truthful and to the best of your knowledge.

Signature:

Name(The President/AVP):

Date:

Institution Stamp:

**SECTION III: Membership Approval**

Name(CEO/CTO of EthERNet):

Date:

Signature:

Stamp: