Alumni Association Membership Form

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| Your Details ***Please complete in BLOCK CAPITALS*** |
| **1.PERSONAL DETAILS** | **2.ACADEMIC INFORMATION** |
| Title *(eg Mr, Ms)* | Family Name | Course studied at AUCA *(eg BA, ICP)* |
| First Name*(s)* | Year Started | Year Finished |
| Nationality (citizenship)  | **3.OTHER QUALIFICATIONS** |
| Address |  Name of the Academic Institution*(s)*1) |
| 2) |
| Home Tel. | Mobile Tel. | Degree*(s)* obtained1) |
| 2) |
| Email Address | Year Started1) | Year Finished |
| 2) |  |
| **4.CAREER DETAILS** |
| Name of current Employer/Organization |
| Job Title |
| Work Tel. | Fax (optional) |