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)* obtained  1) | | | |
| 2) | | | |
| Email Address | | | Year Started  1) | | Year Finished | |
| 2) | |  | |
| **4.CAREER DETAILS** | | | | | | |
| Name of current Employer/Organization | | | | | | |
| Job Title | | | | | | |
| Work Tel. | | | | Fax (optional) | | |