

Alumni Association Member Registration Form

Please print and complete this form in block letters. Return the completed form to the Alumni Relations Office.

1. Personal Details

First Name:

Middle Name:

Last Name:

Maiden Name (if applicable):

Date of Birth (DD/MM/YYYY):

Gender:

2. Contact Information

Email Address:

Phone Number:

Mailing Address (Street, Apt/Suite):

City:

State / Province / Region:

Postal / ZIP Code:

Country:

3. Academic History

Student ID Number (if known):

Degree / Major Completed:

Year of Graduation:

Campus Attended:

4. Professional Information

Current Occupation / Job Title:

Employer / Company Name:

Industry:

5. Declaration & Signature

I hereby certify that the information provided above is true and correct, and I authorize the Alumni Association to update my records accordingly.

Signature (Sign inside the box):

Date Signed (DD/MM/YYYY):