

BUET ALUMNI ASSOCIATION AUSTRALIA CHAPTER



MEMBERSHIP APPLICATION

Name: *

Title	Last Name	First/Other Names

Date of Birth:

Day	Month	Year	Sex:M/F	Blood Group:

Degree Earned From:*

BUET	EPUET	AEC	ASC	Others	Graduating year	Degree	Department/Institute

Contact Address:

Apartment / House No.:	Street / Road No.:
City:	
District/State:	Post Code:
Country:	

Telephone:*

Office:	Residence:
Mobile:	Fax:

E-mail:*

Professional Information: Briefly state specialty / expertise area & experience (optional):

Membership Option:*

<input type="checkbox"/> Member	\$20 Entry fee
<input type="checkbox"/> Associate Member	\$20 Entry fee

Payment Instruction: Please deposit cash to any member or send your cheque in favor of "BUET Alumni Association Australia Chapter" to the Address: Yunus Rana, 22 Clarence St, Macquarie Field, NSW 2564. Under advice to buet_alumni_au@yahoo.com.au

* Mandatory Fields.

I hereby declare that, as a Member / Associate Member / Life Member, I shall abide by the rules and regulations of the Association and support the activities of the Association that will help achieve its objectives.

Date:

Signature:

