AMERICAN ALUMNI ASSOCIATION (AAA)

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info@aaa.net.bd

MEMBERSHIP APPLICATION FORM

Membership Type: **Life** ◯ **Annual** ◯

Mr./Mrs./Ms.: Full Name:

{Name according to the Passport}

Date of Birth: MM / DD / YYYY Gender: Male ◯ Female ◯ Other ◯

Blood Group: **Marital Status:** Married ◯ Single ◯

Spouse Name:

Designation/Title: Employer Name:

Employer Address:

Phone (O): Fax: Email:

Home Address:

Phone (H): Mobile: Personal Email:

Preferred Address for Communication: Home ◯ Office ◯

USA Degree(s):

Institution Attended	Degree Obtained	Year	Major/Area of Study

Professional Employment History up to Last 10 Years (**Please add pages if necessary**)**:**

Company	Position Held	Period / Duration
		MM/YY - MM/YY
		MM/YY - MM/YY
		MM/YY - MM/YY

Please list any professional awards/nominations/publications you have achieved (with details):

DECLARATION:

- Have you ever been arrested or convicted for any offense or crime (even if you received pardon or amnesty, etc.)? If yes, please explain fully.

  YES ◯ NO ◯
- Have you ever participated, or assisted others, in any form of genocide?

  YES ◯ NO ◯
- I am willing to have my name & contact information shared with students who have been accepted at my Alma Mater in the U.S. to provide information, counseling to assist them in preparing for their studies.

  YES ◯ NO ◯
- I wish to have my name/professional qualifications/employment history and contact information shared with the Association Members and potential employers only.

  YES ◯ NO ◯
- I wish to have my name/qualifications/employment history and contact information shared with AAA Members who visit AAA website.

  YES ◯ NO ◯
- I, hereby, acknowledge that all information provided herewith, along with my Application, are accurate and true. If any falsehood is found later on, I understand that my membership status may be affected, subject to due review of the AAA Executive Council.

_____ _____

Signature **Date**

[For online Form, please type your full name here as a signature substitute.]

List of Documents Required:

1. Two copies of passport size photos.
2. Photocopy/scans of your USA Degree Certificate(s).
3. Yearly Membership Fee Tk. 10,000/- (including Registration Fee) or Life Membership Fee Tk.25,000/- each (including Registration Fee) payable either in cash or by cheque in favor of **"AMERICAN ALUMNI ASSOCIATION".**
4. Your Resume, if preferred.

Membership Criteria:

1. A person who holds a Bachelors, Masters or Doctoral Degree from an accredited college or university in the United States.
2. A person who has taught as a member of the faculty at an accredited college or university in the United States.

FOR OFFICIAL PURPOSE ONLY:

Completed Application Received Date:

Date Membership offered:

Membership Number:

Valid till:

ID Card issued for (period):

Fee received: ☐