



BUET ALUMNI ASSOCIATION, CANADA

Toronto, Ontario, Canada

E-mail: buetalumni.ca@gmail.com www.buetalumni.ca

MEMBERSHIP FORM (GENERAL /ACTIVE /LIFETIME) ACTIVE MEMBERSHIP FEE \$10/YEAR, LIFETIME MEMBERSHIP FEE \$200 ONE TIME)

First Name	
------------	--

Middle Name	
-------------	--

Last Name	
-----------	--

E-mail address	
----------------	--

Address and Telephone	
-----------------------	--

BUET Year of Registration	
---------------------------	--

BUET Year of Graduation	
-------------------------	--

Department attended / Course Completed at BUET	
--	--

Present Occupation (Optional)	
-------------------------------	--

Present Organization (Optional)	
---------------------------------	--

Reference 1	Name : Ph. No. E-mail: Membership No. (if any)
-------------	---

Reference 2	Name : Ph. No. E-mail: Membership No. (if any)
-------------	---

I declare that the information in this application form is true and complete to the best of my knowledge. I understand that a false statement or misrepresentation may disqualify me for membership.

Signature of Applicant/E-Sign/Type Name:

Date :

Official Use Only :

Assigned Membership No. <input type="text"/>	Name : Position : Signature :
--	-------------------------------------