



# ASSOCIATION OF BUET ALUMNI

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Photograph

## MEMBERSHIP APPLICATION

1. Name	Last name		First/Other name(s)					
2. Date of birth	Day	Month	Year		Gender: M <input type="checkbox"/> F <input type="checkbox"/>	Blood Group		
3. Father's name								
4. Mother's name								
5. Degree earned from					Year of Graduation*	Degree	Department / Institute	
	BUET	EPUET	AEC	ASC	Others			
*Please state the calendar year you had graduated.								
6. Present position (if ret'd., last position)								
7. Contact address	Apartment & House no.		Street / Road no.					
	City		District/State					
	Post code		Country					
8. Telephone	Office		Residence					
	Mobile		Fax					
9. Email								
10. Professional Information: Briefly state specialty/expertise area & experience (optional)								
11. Membership fee	<input type="checkbox"/> Life Member	Tk. 2,000 (local) / US\$ 100 (overseas)						
	<input type="checkbox"/> Associate Life Member	Tk. 2,000 (local) / US\$ 100 (overseas)						

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

Signature

Date