



ALIGARGH ALUMNI ASSOCIATION NEW ENGLAND (AAANE)

MEMBERSHIP APPLICATION

Name:		
Duration at AMU:	Highest degree:	Phone:
Current address:		
City:	State:	ZIP Code:
Email:	Current profession:	

SPOUSE INFORMATION IF JOINT MEMBERSHIP

Name:		
Duration at AMU:	Highest degree:	Phone:
Current address:		
City:	State:	ZIP Code:
Email:	Current profession:	

CHILDREN IF MEMBERSHIP PRIVILEGES DESIRED

Name/age:	Name/age:
Name/age:	Name/age:

MEMBERSHIP TYPE AND FEE (PLEASE CHOOSE ONE)

Life membership -\$500:	Life membership for friends of AAANE: \$500
Individual membership- Annual : \$40 2 year: \$60	Annual membership for friends of AAANE: \$25
Family membership- Annual : \$60	Family membership- 2 year: \$75

PLEASE LET US KNOW IF YOU ARE INTERESTED IN VOLUNTEERING FOR FOLLOWING THINGS

Cultural events:	Website:
Academic programs:	Fund raisers:
Networking events:	Newsletter/communication:
Others:	

SIGNATURES

I agree to be bound by the rules of the Association

Signature of applicant:	Date:
Signature of spouse (only if for a joint membership):	Date:

Please make your checks to AAANE. Please post them to the address below;
 Mr. Shailendra Kumar
 130 Woodledge Road, Needham, MA 02492