

ASSOCIATION OF BUET ALUMNI

DSW Complex, BUET, Dhaka-1000, Phone: 9665650-56, Ext: 6756, 7140 E-mail: buetalumni.bd@gmail.com

Photograph	

MEMBERSHIP APPLICATION

1.	Name	Last name	First/Other name(s)	
2.	Date of birth	Day Month Year Gender: M	F D Blood Group	
3.	Father's name			
4.	Mother's name			
5.	Degree earned from	BUET EPUET AEC ASC Others Year of Graduation* *Please state the calender year you had graduated.	Degree Department / Institute	
6.	Present position (if retd., last position)			
7.	Contact address	Apartment & House no. City Post code	Street / Road no. District/State Country	
8.	Telephone	Office Mobile	Residence Fax	
9.	Email			
10.	Professional Information: Briefly state specialty/expertise area & experience (optional)			
11.	Membership fee	☐ Life Member Tk. 2,000 (local) / US\$ 100 (overseas) ☐ 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 rule and regulations of the Association and support all activities of the Association that wi help achieve its objectives.		
		Signature	Date	