

THE MANAGEMENT UNIVERSITY OF AFRICA ALUMNI ASSOCIATION

MEMBERSHIP FORM

1. Personal Details

Title: (Specify) e.g. Prof, Dr.

First Name Middle Name Surname

National Identity Card / Passport No.

Gender: Male/Female

Place of Graduation MUA Other Institutions Specify
(Alumni) (MUA Staff/Council/Chancellor)

Name at Graduation (Surname, First, Middle)

Year of Graduation

Degree(s)/Certificate awarded

Faculty/Institute/School/Department:

For other institutions please specify your qualifications and year

2. Contact Details

Current place of Employment: Position:

Physical Address:

Postal Address: Postal Code:

Personal Telephone no: Personal email:

Signature..... Date.....

