

## 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.....