



MEMBERSHIP REGISTRATION FORM

PLEASE PROVIDE 2 PASSPORT PHOTOS WITH THIS FORM. YOU MAY MAIL THEM TO EXTERNAL RELATIONS OFFICE AT AUD, P.O.Box 28282, DUBAI - UAE, OR, EMAIL PASSPORT PHOTO IN JPEG FORMAT ALONG WITH THE FORM TO AUDALUMNI@AUD.EDU

FOR FURTHER INFORMATION ON THE ALUMNI ASSOCIATION AND BENEFITS PLEASE GO TO <http://www.aud.edu/ExternalRelations/index.asp>

PERSONAL INFORMATION

Name

(please fill in capital letters)

ID

Post-Graduation Mailing Address

Personal E-Mail

@

To be used by AUD to contact you

Mobile (+)

EMPLOYER INFORMATION

Current Employer

Position

Work E-Mail

@

Work Tel # (+)

Work Fax # (+)

Employer Website www.

Employer Address

City / Country

QUESTIONNAIRE

Would you like AUD Career Services to contact you for employment opportunities? Yes No

■ Preferred time of contact: AM PM ■ Preferred means of contact Mobile E-mail

Are you currently pursuing graduate studies? Yes, University: _____ No

■ If No, are you planning to in the future? Yes, University: _____ No