



## 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](mailto: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