



USM ALUMNI ASSOCIATION MEMBERSHIP FORM

PERSONAL DETAILS

NAME : _____

CITIZENSHIP : Malaysian Others (please specify) _____

IC NUMBER : _____ GENDER : Female Male

ADDRESS (home) : _____

POSTCODE : _____ TOWN : _____ STATE : _____

PHONE (home) : _____

EMAIL 1 : _____

EMAIL 2 : _____

HANDPHONE : _____

EMPLOYMENT DETAILS

COMPANY : _____

POSITION/JOB TITLE : _____

ADDRESS : _____

POSTCODE : _____ TOWN : _____ STATE : _____

PHONE (office) : _____ FAX NUMBER : _____

QUALIFICATION(S) DETAILS

Graduate	Course	School	Year Graduate
Diploma			
Degree			
Master			
PhD			

**Qualifications from USM only.*

I, hereby attach a money order/cheque (number : _____)/cash amounting to RM _____ payable to PERSATUAN ALUMNI UNIVERSITI SAINS MALAYSIA.

*Fee also can be transfer to Persatuan Alumni USM CIMB Account (86-0094662-3). Please attach the payment receipt together with this form.

For : Life membership registration (RM100 only)
 Life membership registration only during
 Convocation Day(RM50 only)

Signature : _____

Date : _____

For Secretariat use only

Received by : _____
 Membership Number : _____
 Membership card : Printed Posted