

ACHS ALUMNI ASSOCIATION

Old Oil Palm Estate Road, Off Ahoada Road
P.M.B. 04, Elele, Rivers State.
e-mail: achsalumniassociation@gmail.com



MEMBERSHIP FORM

AFFIX
PASSPORT

SECTION A

NAME:.....
(SURNAME) (FIRST NAME) (OTHER NAME)

MAIDEN NAME:.....

GENDER:.....

MOBILE NO:.....OFFICE NO:.....

E-MAIL ADDRESS:.....

RESIDENTIAL ADDRESS:.....

STATE OF RESIDENCE:.....

STATE OF ORIGIN:.....

CITY/ZIP:.....

MARITAL STATUS:.....

SECTION B

HIGH SCHOOL NAME:.....

YEAR OF HIGH SCHOOL GRADUATION:.....

CITY/ STATE/ ZIP:.....

OTHER HIGH SCHOOL(S) ATTENDED:.....

YEAR OF GRADUATION:.....

CITY/ STATE/ ZIP:.....

COLLEGE NAME:.....

YEAR OF COLLEGE GRADUATION:.....

COURSE OF STUDY:.....

DEGREE(S):.....

CITY/ STATE/ ZIP:.....

SECTION C

OCCUPATION:.....

COMPANY NAME:.....

COMPANY ADDRESS:.....

CITY/ STATE/ ZIP:.....

DECLARATION

I, Attest that the information provided above is correct and should be used for official purposes.

SIGNATURE (MEMBER) DATE:.....

FOR OFFICIAL USE ONLY

ALUMNI PRESIDENT:.....

ALUMNI SECRETARY:.....

E-MAIL ADDRESS:.....

E-MAIL ADDRESS:.....

PHONE NO:.....

PHONE NO:.....

SIGNATURE:.....

SIGNATURE:.....

DATE:.....

DATE:.....