



# Alumni Association of Central Department of Zoology, Tribhuvan University (AACDZ-TU)

## APPLICATION FORM FOR AN ALUMNI ASSOCIATION MEMBERSHIP

To apply for an Alumni Association Membership, please complete this form and return to:  
Central Department of Zoology, Tribhuvan University, Kirtipur, Kathmandu, Nepal.

### PERSONAL DETAILS

Title..... Date of Birth.....

Forename.....

Surname.....

Surname During College (*if different from above*)  
.....

Address (Temp).....

Address (Perm).....

..... Post Code.....

Telephone Number..... Mobile Number.....

E-Mail Address.....

Occupation.....

Job Title.....

Job Address.....

### COURSE DETAILS

Level Completed..... Which year did you graduate?.....

Specialization.....

### MEMBERSHIP REQUIREMENTS

Membership Type:

General Associate Member

Life Member Honorary Member

I have read and understood the terms and conditions of AACDZ-TU. If I breach any of the terms and conditions of membership I understand that I may have my membership card cancelled and my membership terminated.

Signature.....

Date.....

### *For office use only*

Membership Type:.....

Paid Rs/US\$:.....

Valid from:.....

Valid upto:.....

Enrollers signature:.....

Date: .....