

**JAGANNATH HALL ALUMNI ASSOCIATION OF CANADA
(JHAAC-DHAKA UNIVERSITY)**

Membership Application

1. Name _____

2. Address _____

3. E-mail Address _____

4. Telephone: Home _____ Work _____

5. Final Year at JNH/DU _____ Degree/Subject _____

6. Other Degrees/Professional Qualification _____

7. Names of Spouse & Children (optional) _____

Applicant's signature

Date

Yearly membership fee (\$10.00) paid to _____

Approved on behalf of Board of Directors By

Date of Approval

Place