

ALUMNI APPLICATION FORM

NAME

ADDRESS

CITY

PROVINCE

COUNTRY

POSTAL CODE

EMAIL

PHONE NUMBER

PROGRAM/COURSE TAKEN AT ASHTON

PROFESSIONAL ACCREDITATION

DATE OF COMPLETION OF PROGRAM/COURSE

YEAR OBTAINED



ALUMNI
ASSOCIATION
ASHTON COLLEGE

I wish to be registered as a member of the Ashton College Alumni Association. I promise to abide by the Association's Articles of Association and Bylaws.

I am interested in volunteering in the following sectors:

- Board of Governance YES NO
- Special Events YES NO
- Membership Benefits Solicitation YES NO

Specify your particular interest

Signature of Applicant

Signature of Alumni Relations Co-ordinator

Date

Date