Asian Institute of Technology Alumni Association (AITAA) MEMBERSHIP APPLICATION FORM

(Please type or print)

Date	nte AIT Student ID; Gra					duation (MM/YY)		
Legal NameFirst			 Mido		Last			
					Fie	ld of study		
Country	of	-			- Country	of Residence		
Email add								
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Your						on AIT)		
To the bear	st of m					n this application is		
Signature				Date				
Degree or Program Graduated						Total Amount		
D	Piploma	a Bache	elor	Master	Doctoral	Baht 1,000		

NOTE;

1. Please pay the 1,000 Baht lifetime membership fee to: Siam Commercial Bank- Thammasat Rangsit Hospital Branch

Account Name : AITAA OperatingAccount Number : 406-000-5183

2. Send the completely filled form, a scanned copy of your photo (for the ID), and scanned copy of the deposit/ transfer slip to aitaa@aitaaia.