The Federation of Aligarh Alumni Associations

Please send all checks to: Mrs. Homaira Naseem, 14 Sylvan Lane, Boylston, MA. 01505
Phone: (508) 869-6464   **email**: homaira.naseem@gmail.com

Councilor Nomination/Renewal Form

Annual Membership (Jan 1-December 31)   **Fee**: **$ 100** per councilor / year

ASSOCIATION INFORMATION

Association Name	
Registered Address	

Phone	Fax	Email	Website

When was your organization incorporated? _____	Are you registered as a non-profit organization? Yes No **If Yes, please provide Tax ID # _____**
Is your organization affiliated with any other organization? If so, please list.	How many members does your organization have? _____

Please complete the following list of your **Board Members** and their designation and contact information

Name:	Title:	Phone:	Email:
Name:	Title:	Phone:	Email:
Name:	Title:	Phone:	Email:
Name:	Title:	Phone:	Email:

Please complete the following list of your **Councilors** and contact information

Name:	Title:	Phone:	Email:
Name:	Title:	Phone:	Email:
Name:	Title:	Phone:	Email:
Name:	Title:	Phone:	Email:

UNDERTAKING

We, the undersigned, have read the federation's constitution and bylaws and hereby nominate the above individual/s as councilor/s on behalf of our organization to the Federation of Aligarh Alumni Associations (FAAA). We will provide the updated list of membership (name, address, Tel. #, and Email) to support the number of councilors, if asked, for federation's internal use. We the under-signed certify that designated councilor/s is/are member/s of our association and therefore we are nominating them in accordance with Article VI, Section 6.2(a) of the constitution and bylaws of the Federation.

# of Councilor _____   Total fee @$100 each _____Check # _____

Name: _____ Signature _____ Date_____

Name: _____ Signature _____ Date_____

Notes: The councilor term is from January 1 to December 31. Membership shall be terminated unless renewed within 3 months of the expiry date. New Councilors will not be official until the renewal membership form and fee is received in full. Please enclose a copy of Constitution and bylaws. Thank you for your membership.

OFFICE USE ONLY:
Payment: Check (Check # _____) Amount: $ _____
Councilor # _____   Membership Expiry Date: _____   Processed by _____