



Federation of Aligarh Alumni Associations (FAAA)

Membership Application Form

MEMBERSHIP FEE

Annual Membership

Membership Fee:

\$ 100 for each set of 20 members / year

ASSOCIATION INFORMATION

Name

Registered Address

City

State

Zip

Country

Mailing Address (if different from above)

City

State

Zip

Country

Telephone

Fax

E-mail address

Web address

Name and Title of Contact Person

Email address

Telephone

Fax

When was your organization incorporated? _____

Are you registered as a non-profit organization? Yes No

If yes, please provide your Tax ID number _____

Is your organization affiliated with any other organization? If so, please list _____

How many members does your organization have? _____

How often do you communicate with your members? _____

What method(s) of communication do you use? Email Regular Mail Meeting Other

How often does your Board of Directors meet? _____

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

Name Designation Phone number Email address

Name Designation Phone number Email address

Name Designation Phone number Email address

Name Designation Phone number Email address

Name Designation Phone number Email address



The contact person

Name	Designation	Phone number	Email address
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Name of the designated representative/s for the convention

Name	Phone number	Email address
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Name	Phone number	Email address
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Name	Phone number	Email address
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Name	Phone number	Email address
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Please describe your organization's mission. Your application cannot be processed without this information.

Does your organization include a: youth group seniors group

Do you have an annual event? Yes No

If so, please provide the details

How many people attend this event? _____

UNDERTAKING

By signing this application form, the Association binds itself to the following:

1. To abide by all the provisions of the Constitution and Bylaws of the Federation.
2. Not to use the name of the Federation in any fund-raising or political activity.
3. To circulate the Newsletter and all policy communications received from the Federation to all its members.
4. Inform the Federation about all the functions being organized by the Association.
5. Invite the President (or her/his representative) of the Federation to its general body meetings
6. To provide the updated list of membership list (name, address, Tel.#, and Email) for federations internal use.
7. Release, forever discharge and agree to hold harmless FAAA and the directors thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damages and expenses of any nature whatsoever which may be incurred while participating in any activity sponsored by FAAA.

I, the undersigned, have read the above statements, federation's constitution and bylaws and hereby apply for membership on behalf of my organization to the Federation of Aligarh Alumni Associations (FAAA).

Signature _____

Date _____



Notes

1. The Federation's accounting year is January to December.
2. Attach a copy of the resolution of the Executive Board (or any appropriate body) of the Association agreeing to become member of the Federation and authorizing the undersigned to sign the application on its behalf.
3. Attach a copy of the Constitution and Bylaws of the Association
4. All membership fees are non transferable and non refundable.
5. Violation of any provision of the Constitution and the Bylaws of the Federation shall result in membership suspension and/or termination.
6. Membership shall be terminated unless renewed within 3 months of the expiry date.
7. The Federation reserves the right to refuse membership to any association without assigning any reason.
8. The Federation reserves the right to terminate the membership at any time without assigning any reason.

PAYMENT INFORMATION

Check enclosed (Make checks payable to FAAA)

Please fax to (650) 212-2544 OR mail to FAAA at P.O. Box 4361, Foster City, CA 94404

Thank you for your membership!

OFFICE USE ONLY:

Payment: Check (Check # _____) Amount: \$ _____

Member # _____ Membership Expiry Date: _____ Processed by _____