



THE UNIVERSITY OF THE WEST INDIES ALUMNI ASSOCIATION

BARBADOS CHAPTER (formerly GUILD OF GRADUATES)

P.O. Box 64, Bridgetown, Barbados BB 11000

Telephone: (246) 417-4544 Email: uwiaa@cavehill.uwi.edu

MEMBERSHIP APPLICATION FORM

LAST NAME _____ FIRST NAME _____ MIDDLE NAME _____

ADDRESS _____

TELEPHONE NO (H) _____ E-MAIL ADDRESS _____

MARITAL STATUS _____ DATE OF BIRTH _____

OCCUPATION _____

COMPANY NAME _____ TELEPHONE NO (W) _____

COMPANY ADDRESS _____

ACADEMIC QUALIFICATIONS:

UNIVERSITY OF THE WEST INDIES QUALIFICATIONS:

CERTIFICATE: Year/Faculty/Major) _____

DIPLOMA (Year/Faculty/Major) _____

BA/BSC (Year/Faculty, Major) _____

MA/MSC (Year/Faculty/Major) _____

PHD (Year/Faculty/Major) _____

(LLB/LLM ((Year/Faculty/Major) _____

OTHER QUALIFICATIONS: _____

EXTRACURRICULAR ACTIVITIES AND SKILLS YOU COULD OFFER THE ASSOCIATION:

MEMBERSHIP IN OTHER CLUBS AND ORGANISATIONS:

DATE: _____	OFFICE USE ONLY SIGNATURE OF UWIAA OFFICER: _____
SIGNATURE OF APPLICANT: _____	<input type="checkbox"/> Lifetime Membership (\$60.00)