



# THE UNIVERSITY OF THE WEST INDIES ALUMNI ASSOCIATION

## BARBADOS CHAPTER (formerly GUILD OF GRADUATES)

P.O. Box 64, Bridgetown, Barbados BB 11000    Office Hours: Saturdays 2:00 pm – 6:00 pm  
Telephone: (246) 417-4577    Email: uwiaa@uwichill.edu.bb

### 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:**

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