



The Federation of Aligarh Alumni Associations

Please send all checks to:

Obaid Qadri, Treasurer FAAA
23 Sycamore Road,
Shrewsbury, MA 01545

Phone: 508-375-8536

Email: Obaid.qadri@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? <input type="checkbox"/> Yes <input type="checkbox"/> 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:	President	Phone/email
Name:	Vice President	Phone/email
Name:	Secretary	Phone/email
Name:	Treasurer	Phone/email

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

Name:	Councilor	Phone/email
Name:	Councilor	Phone/email
Name:	Councilor	Phone/email
Name:	Councilor	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 & Title: _____ 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. Thank you for your membership.

OFFICE USE ONLY:

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

Councilor # _____ Membership Expiry Date: _____ Processed by Signature _____