



Federation of Aligarh Alumni Associations (FAAA)

Membership Application Form

ASSOCIATION INFORMATION

Name _____

Registered Address _____ City _____ State _____ Zip _____ Country _____

Mailing Address (if different from above) _____ City _____ State _____ Zip _____ Country _____

Telephone _____

E-mail address _____ Web address _____

Name and Title of Contact Person _____ Email address _____

What date your organization was 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? _____

Please complete the following list of your office bearers 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 _____

Name of the designated Councilors

Name _____ Phone number _____ Email address _____

Name _____ Phone number _____ Email address _____

Name _____ Phone number _____ Email address _____

Name _____ Phone number _____ Email address _____



Please describe your organization's mission. Your application cannot be processed without this information.

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 FAAA.
2. One Councilor can be sent per 10 members to a maximum of 4 Councilors from each member association
3. Not to use the name of the Federation in any fund-raising or political activity.
4. To circulate the Newsletter and all policy communications received from the Federation to all its members.
5. To provide the updated list of membership list (name, address, Tel #, and Email) for federations internal use.
6. 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.
7. The information in the application is true and correct to the best of our knowledge

I, the undersigned, have read the above statements and information in the application is true and correct to the best of my knowledge and I hereby apply for membership on behalf of my organization to the Federation of Aligarh Alumni Associations (FAAA).

Signature _____

Date _____

Name and Title _____

Notes

1. 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.
2. Attach a copy of the Constitution and Bylaws of the Association
3. All membership fees are nontransferable and nonrefundable.
4. Violation of any provision of the Constitution and the Bylaws of the Federation shall result in membership suspension and/or termination.
5. Membership shall be terminated unless renewed within 3 months of the expiry date.
6. The Federation reserves the right to refuse membership to any association without assigning any reason.
7. The Federation reserves the right to terminate the membership at any time without assigning any reason.

Thank you for your Membership Application

PAYMENT INFORMATION

Membership Application Fee – 100 USD

Councilor fee(s) – 100 USD per Councilor

Check enclosed (Make checks payable to FAAA)

Please mail to FAAA at 4606 Mason Ct, Sugarland, TX 77479

OFFICE USE ONLY:		
Payment:	Check (Check # _____)	Amount: \$ _____
Processed by (Name and Title) _____		