



NED Alumni Association Canada (NEDAC)
 4803 Bloomburg Drive, Mississauga, ON L5M 7K4
 Email: info@nedalumnicanada.org

Please place your
coloured photo here

APPLICATION FOR NEDAC MEMBERSHIP

APPLICANT INFORMATION			
Name: (First, Middle, Last)			
Address:			
City:	Province:	Postal Code:	
Email:	Phone #:	Cell #:	
Year of Graduation:	Discipline:		
Attention: Please attach supporting evidence of your graduation from NED to this application OR Two References of Existing NEDAC members (Name and Membership #)			
Reference 1:		Reference 2:	
EMPLOYMENT INFORMATION (OPTIONAL)			
Current Employer:			
Employer Address:			How long?
Phone:	E-mail:		
LIFE MEMBERSHIP FEE IS CD\$40.			
[] I am enclosing payment of \$40, a one time fee for enrolment as Life Member.			
Payment Made with this application is \$ _____ as cash/ cheque /PayPal.			
1. CHEQUE SHALL BE MADE PAYABLE TO: "NED ALUMNI ASSOCIATION CANADA" 2. The cheque should be mailed to Membership Committee with the completed application form addressed to: Karamat Ullah 5355 Rose Ridge Cres. Mississauga, ON L5M 7C3			
New Member Signature:			Date:
Referred By (Name and Membership #) :			
FOR OFFICIAL USE ONLY			
Membership # Allotted:		Date:	
Name of NEDAC Official:		Signature of NEDAC Official:	