
Application for Membership

ASIAN ISLAMIC UNIVERSITIES ASSOCIATION (AIUA)

Please fill out the form completely for the membership category for which you are applying:

PERSONAL INFORMATION

Prefix or Title:

First Name:

Middle Name:

Last Name:

Institution :

Position

Office Address :

Email :

Fax:

Mobile phone :

Home Address :

City:

State or Province:

Postal Code:

Country:

Personal URL or Website:

Date of Birth:

Place of Birth:

Country of Citizenship:

Gender:

Applicant:

Email Address:

Date:

Signature:

NOTE: