

Membership Application Form

To apply for MAUC membership, please fillup all the fields.

Code No:

Membership Type: Life Member General Member Student Member

Applicant Information

Full Name:	<input type="text"/>
Father's Name:	<input type="text"/>
Mother's Name:	<input type="text"/>
Date of Birth:	<input type="text"/>
NID/Passport/IC No.:	<input type="text"/>
Nationality/Citizenship:	<input type="text"/>
Area of Professional Expertise:	<input type="text"/>
Date of Application:	<input type="text"/>

Acknowledgement by Association (To be filled up by office)

Full Name:	<input type="text"/>
Father's Name:	<input type="text"/>
Mother's Name:	<input type="text"/>
Session:	<input type="text"/>
Department:	<input type="text"/>
Membership ID:	<input type="text"/>
Date of Payment Receipt:	<input type="text"/>
Date of Enrolment:	<input type="text"/>

- I have read and agreed to the privacy policy and the rules and regulations of the association.
- For verification, I have attached my Passport Size photograph and a copy of my certificate/marksheet with this form.

Applicant Signature with date

Authorized Signature

Central Office Address: Level 04, KM Tower, Agrabad, Chattogram
University Campus Office Address: 3rd Floor, New Building,
Faculty of Business Administration, University of Chittagong
Email Address: info@maucbd.org
Web Address: www.maucbd.org