



## EAST AFRICAN SCHOOL OF AVIATION REGISTRATION FOR THE ALUMNI PROGRAM FORM

### Personal Details

Title (specify) e.g. Prof, Dr, Eng. \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Other Names \_\_\_\_\_

Gender:                      Male                                            Female                     

I would like to register as    MEMBER                                            PARTNER                     

Year of Graduation: \_\_\_\_\_

Diploma/Certificate(s) awarded:

- 1.) \_\_\_\_\_ Year \_\_\_\_\_
- 2.) \_\_\_\_\_ Year \_\_\_\_\_
- 3.) \_\_\_\_\_ Year \_\_\_\_\_
- 4.) \_\_\_\_\_ Year \_\_\_\_\_

Department: \_\_\_\_\_

### Contact Details

National Identity Card / Passport No.: \_\_\_\_\_

Current place of Employment: \_\_\_\_\_

Position: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Postal Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Tel: \_\_\_\_\_ Email: \_\_\_\_\_

*Email form to [alumni@easa.ac.ke](mailto:alumni@easa.ac.ke)*