



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