



THOMAS JONES SYNOD COLLEGE JOWAI ALUMNI ASSOCIATION

Regd.No. SR/WJH/TJSCAA-1607/100 of 2015.

Phone No. +919402512540

Email. tjscjaa.15@gmail.com

MEMBERSHIP FORM

Paste your recent passport size photo here.

I Shri/ Smt. _____ aged _____

S/o, D/o _____ resident of _____ do hereby,

subscribed to the aims and objective of Thomas Jones Synod College Jowai Alumni Association and wish to become a Lifetime Member Annual Member of this Association and I, further certify that the Particulars given below are true.

1. Name (in Block Letter)
2. Address (Present)
3. Permanent Address
4. Contact No. (Phone/ Mobile)
- Email
5. Date of Birth Year of entering
6. Year of leaving
7. Occupation/ Designation/ Position/ Profession

Date:

.....
(Signature of the Applicant)

For Office Use Only

Membership No.

Date of Acceptance

.....
President.