



AIT Alumni Association Membership Application Form

Date of Request: _____ ID No.: _____ Graduation (Mo/Yr): _____

Surname: _____ Name: _____

Field of Study: _____ School: _____

Nationality: _____ Personal E-mail (except AIT email): _____

AITAA ID No. (to be assigned by the AITAA Office) : _____

	Total Amount
Membership Fee <input type="checkbox"/> Master <input type="checkbox"/> Doctoral	Baht 700

For Finance: (Credit to account 50 6 037 351 00034 047 9999)