



MEMBERSHIP REGISTRATION FORM

O. A. C. H. S. ALUMNI



All information is stored under the Data Protection Act and will not be disclosed to any external parties without your permission. The information you provide will only be used for promoting links between the school and the Alumni.

PERSONAL INFORMATION		
Names:	Surname:	Maiden Name:
Date of Birth:	Gender: Choose Gender	Marital Status:
Phone:	Email:	
Current Address:		
City:	State:	Country:
Profession:	Nature of Business:	
Next of Kin:	Relationship:	
Phone:	Email:	

TIME AT O. A. C. H. S.	
Year Admitted:	Year Graduated:
Additional information: (optional)	

REFERENCES (Information to be supplied by the referees)		
Name:	Email:	Phone:

DECLARATION:		
I hereby declare that the details furnished above are true and correct to the best of my knowledge and I undertake to inform the association of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be expelled from the Alumni.	☐	
I have read, and I understand the O.A.C.H.S Alumni's Code of Conduct. I agree to abide by the rules described therein and understand that I may be removed as a member if I violate any of these rules.	☐	
Name:	Signature:	Date:

Completed and signed membership form should be submitted along with Annual Membership Fee of =N= 5,000.00 and =N=1,000.00 Registration Fee.

Payment Reference:

For Office Use Only -----

Date Received:

Membership Number: