



Asian Intellect

For Academic Organization and Development Inc.

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MEMBERSHIP FORM

Name: _____

Designation: _____

Institution: _____

Institution Address: _____

Birthday: _____

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Contact Details: _____

Date of Membership: _____

I declare and understand that my membership to the Asian Intellect for Academic Organization and Development Inc. is voluntary. I also understand and concur that only membership ID, official receipt, and certificate of active participation will be issued to me by the organization upon membership.

Signature _____