



1 Arthur Wint Drive, Kgn 5
Tel: 754-8830, Ext. 2202
E-mail: alumni@emc.edu.jm
Twitter: alum_emc
www.emc.edu.jm

Title (check one): Sir Prof. Dr. Mr. Mrs. Miss

First Name: _____ Middle Name: _____ Surname: _____

Date of Birth: _____ Marital Status (check one): Single Married Divorced Separated
Day / Month / Year
(/ /) Sex: Male Female

Home Address: _____

Telephone: _____ Fax: _____ E-mail: _____

Employer's Name: _____

Employer's Address: _____

Telephone: _____ Fax: _____ E-mail: _____

Occupation: _____ Job Title: _____

Category of Employment (check one): CEO/President Senior Manager Manager Senior Supervisor
 Junior Supervisor Other (please specify) _____

Additional Gift (optional) of \$ _____ to the EMCVPA Alumni Association in support of Scholarships and programmes.

EDUCATIONAL BACKGROUND AND OTHER INFORMATION

School: _____ Programme of Study: _____

Indicate area of specialization: _____

Certification obtained : _____ Graduation Date (Day / Month / Year): (/ /)

Other institution: _____ Certification: BSc MSc M.A. Ph.D Other: _____

SIGNATURE: _____ Date (Day / Month / Year): (/ /)

For membership in the EMCVPA Alumni Association, please complete this section.

Type of membership (check one): Annual Member @ a fee of JA\$2,000 per annum \$3000.00[with alumni pin]
 Final Year Student/Postgrad student @ a fee of JA\$800 per annum

I enclose the amount of JA\$ _____ Cheque ** or Cash or Credit card

SIGNATURE: _____ DATE: (Day / Month / Year): (/ /)

** NOTE: Please make cheques payable to EMCVPA ALUMNI ASSOCIATION.

Thanks for your loyalty to your alma mater and for joining!



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Please also feel free to make a small donation in support of present and future students. Thank you.

I enclose _____ Cash Cheque Credit Card

SIGNATURE: _____ **DATE:** (Day / Month / Year): (/ /)

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Please mail to: The Alumni Association Edna Manley College 1 Arthur Wint Drive Kingston 5 or make lodgements to account number #