

Registration Form

Combined Alumni of the ACD



Personal details:

Name*:	_____	Gender:	_____
Surname*:	_____	Date of birth:	_____
Address:	_____	Zip code:	_____
City:	_____	Country:	_____
E-mail address*:	_____	Phone:	_____

About your studies:

I*:

- am a former member/alumnus
- am a former member/alumnus VCSVU before the Joint Degree VU/UvA
- have been a board member in: _____
- am a member of merit
- am a honorary member

Year commencement*: _____

Year of graduation: _____

Any comments about your time at the ACD: _____

About the VOLA:

I want to receive:

- Periodical physically (ACiD) – 4xper year
- Periodical digitally (ACiD) – 4x per year
- Almanac – 1x per 5 jaar
- Invitations to the general members meeting

- Member mail

*) These fields are mandatory when filling in

