



The American Center

U.S. Embassy Annex
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Baridhara, Dhaka-1212

Tel: 55662000 ext. 2829/2833
E-mail: IRCDhaka@state.gov
EducationUSA-Bangla@state.gov

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ID#: Office Use Only

1
Photograph
Passport Size

MEMBERSHIP APPLICATION

This card provides privileges at the Archer K. Blood Library and EducationUSA Advising Center

PLEASE WRITE IN BLOCK LETTERS

Name:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Date of birth (mm/dd/yyyy):	Age:
Current address:	Mobile number:
	Email address:
National ID/Student ID Number:	Other ID:
Occupation: <input type="checkbox"/> Student <input type="checkbox"/> Educator <input type="checkbox"/> Business <input type="checkbox"/> Government Service <input type="checkbox"/> NGO <input type="checkbox"/> Other	
Father/ Husband's Name:	Mobile number:
Mother/ Wife's Name:	Mobile number:

EDUCATIONAL INFORMATION

Academic institution:	City:
Academic background:	Field of Study:
Do you want to study in the U.S.? <input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate <input type="checkbox"/> Other Degree	
Have you studied in the U.S.? <input type="checkbox"/> K-12 <input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate <input type="checkbox"/> U.S. Exchange Alumni <input type="checkbox"/> Other Degree	
If you are an alumnus of an American educational institution, which school did you attend?	

EMPLOYMENT INFORMATION

Current Employer:	Job Title:
City:	Work Phone:
How did you learn about our Center? <input type="checkbox"/> Media/News <input type="checkbox"/> Facebook <input type="checkbox"/> Internet <input type="checkbox"/> Family/Friend	
<input type="checkbox"/> Advertising <input type="checkbox"/> Library/EducationUSA program <input type="checkbox"/> School/University <input type="checkbox"/> Other _____	

Reference/ Recommendation / Sponsor

Mr. /Ms. /Dr. _____ is a member/student of our organization/known to me. I recommend his/her membership to the American Center Dhaka with the expectation that he/she will abide by the rules of the institution.

Official signature: _____ Name: _____
 Mobile: _____ E-mail: _____
 Address: _____



SIGNATURE

By signing below, I certify that the information provided on this form is accurate and complete.

Signature of Applicant:	Date (mm/dd/yyyy):
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