

**APPLICATION FOR MEMBERSHIP  
in the Macedonian American Alumni Association**

Name and Surname:

Date and Place of Birth:

Program attended in the US:

Host University/Institution in the US:

Field of the program attended in the US:

Period of stay:

Employed at:

Position:

e – mail:

Home address:

Phone for contact:

Interested in:

I agree to receive information about future activities of MAAA through e-mail, post or other means of communication.

I agree my name and surname, e-mail and fellowship program to be disclosed at MAAA website.

Please send us the application to our official address or in a scanned form to our e-mail  
**[maaa.macedonia@gmail.com](mailto:maaa.macedonia@gmail.com)**

Date:

Your Signature