



# CEBU KIAN KEE ALUMNI ASSOCIATION

## APPLICATION FOR ALUMNI ASSOCIATION ID CARD

NAME: \_\_\_\_\_  
Last First Middle

PRESENT ADDRESS:	TEL. No.:	YEAR GRADUATED:
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\_\_\_\_\_  
Printed Name & Signature of Authorized Representative

\_\_\_\_\_  
Printed Name & Signature of Owner

Please pay the fees to the Cashier (to be done after the assessment).		
ASSESSMENT:	ID Fee- _____	
	Others- _____	Submit _____ set/s of
	TOTAL - _____	2x2 colored picture.

OR #	Date	Cashier's Signature
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Date Applied: _____ Received by: _____ Claim date: _____	Received by: _____ <small>(owner or authorized representative)</small> Date: _____
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REMARKS:
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