



EBCOM ALUMNI ASSOCIATION

REGISTRATION FORM

Name of Grandaunt: _____

Date of Birth: _____

Year of Graduation: _____

Programme Graduated from: _____

Name of Denomination: _____

Name of Local Church/Ministry/Org: _____

Postal /Contact Address: _____

Phone No(s): _____

Email Address: _____

Gifted Area of Ministry.....

Alumni Registration No.....