

The Divine Word University Alumni Association

UPDATE YOUR DETAILS

First Name: _____ Last Name: _____

Previous Name if different from above: _____

Date of Birth: _____ Year Completed Studies: _____

Course Studied: _____

Spouse Name: _____ No. of Children: _____

Home

Home Address: _____

City: _____ Province: _____

Postcode: _____ Country: _____

Home Telephone: _____

Work

Company/Business/Employer: _____

Position Title: _____

Work Address: _____

City: _____ Province: _____

Postcode: _____ Country: _____

Work Telephone: _____ Extension No.: _____

Fax Number: _____ E-mail: _____

Address for Correspondence: Home / Work
