Membership Form

Name: ……………………………………………………………………………………………………………………………………..

Date of Birth: ………………………………………………………………………………………………………………………….

Nationality: ……………………………………………………………………………………………………………………………..

CID/Passport: ………………………………………………………………………………………………………………………….

Gender: ……………………………………………………………………………………………………………………………………

Current Occupation: ………………………………………………………………………………………………………………..

Current Address: ……………………………………………………………………………………………………………………..

…………………………………………………………………………………………………………………………………………………

Contact No: …………………………………………………………………………………………………………………………….

Email address: ………………………………………………………………………………………………………………………….

How do you know about EAB?

*Fostering a Professional Evaluation Culture in Bhutan*