



COLLEGE OF MEDICINE ALUMNI ASSOCIATION
MEMBERSHIP FORM

NAME (FIRST, MIDDLE AND/OR INITIAL AND LAST) _____ SPOUSE/COMPANION _____

HOME ADDRESS _____ CITY _____ POSTAL/ZIP CODE _____

BUSINESS ADDRESS _____ CITY _____ POSTAL/ZIP CODE _____

HOME PHONE _____ CELL PHONE _____ BUSINESS PHONE _____ EMAIL _____

GRADUATION YEAR _____ SPECIALTY OR AREA OF INTEREST _____

Please select: ANNUAL MEMBERSHIP \$100.00 LIFETIME MEMBERSHIP \$750.00 STETHOSCOPE CAMPAIGN \$250.00
 (VALID JAN. 1 TO DEC. 31 ANNUALLY)

CHEQUE MADE PAYABLE TO: COLLEGE OF MEDICINE ALUMNI ASSOCIATION

VISA MC CARDHOLDER NAME _____

CARD NUMBER _____ EXPIRY DATE (MONTH/YEAR) _____ SIGNATURE _____

IS THIS A CORPORATE CREDIT CARD? YES NO IF YES, NAME OF COMPANY _____

CLASS NOTES

Please share your professional, family and personal news for Class Notes in future College of Medicine alumni communications materials.

THANK YOU FOR SUPPORTING THE ALUMNI ASSOCIATION!

Dues support the Highlights in Medicine Annual Reunion and Conference, student sponsorships and bursaries, and activities of the Alumni Association.