



University of San Agustin Pharmacy and Medical Technology International Alumni Association
(USA-PMTIAA)

REGISTRATION FORM

A. Personal Information

Last Name First Name Middle Name Maiden Name (*if applicable*)

Street Address City State/Province Zip Code Country

Email Address (receipt will be emailed to you): _____

Phone Number: Cell: _____ Home: _____ Work: _____

B. Academic Information

Degree/s Earned: _____
_____ BS Pharmacy Year Graduated: _____
_____ BS Medical Technology Year Graduated: _____
_____ Pharmacy Technician Year Graduated: _____
_____ Others (e.g. MS, PhD, MD, etc.)
1. _____ Year _____ School _____
2. _____ Year _____ School _____

C. Current Employment Information:

Job Title: _____

Company: _____

Work Address: _____

D. Registration Fee and Optional Donation:

1. Annual Membership Fee: _____ \$25.00
2. Tax-deductible Donation (optional): _____ \$25.00 _____ \$50 _____ \$100 _____ (Others: \$ _____)
(If donating, please fill up the Deed of Donation in the next page)

Payment Options:

1. If paying by Check. Please write check payable to USA-PMTIAA. Attach your check with this registration form and mail to the following:

Ednie Mckeehan
USA-PMTIAA Treasurer
PO Box 270240
Saint Louis, MO 63127
USA

Note: Your receipt will be emailed to you. Keep it for tax purposes.

2. If paying by Credit Card. Please authorize in the following box:

Please charge to my credit card. <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> America Express <input type="checkbox"/> Discover	
Card #:	Expiration Date:
Signature:	Security Code:

If you are donating, please fill up the following Deed of Donation:

Deed of Donation	
I, _____, would like to donate to the University of San Agustin Pharmacy and Medical Technology International Alumni Association (USA-PMTIAA), the full amount of \$ _____.	
I would like to designate it for (check only one):	
<input type="checkbox"/> Alumni Endowment Fund (AEF)*.	
<input type="checkbox"/> General Fund (GF)**.	
<input type="checkbox"/> A designated project*** namely _____.	
_____	_____
Print and Sign Name of Donor	Date
Received by	
_____	_____
Print and Sign Name of USA-PMTIAA Treasurer	Date
 * AEF donation will remain permanently in the AEF to be invested in the market. Rate of return of investment will be utilized to finance the projects and programs of the USA-PMTIAA. ** GF will be utilized by USA-PMTIAA to maintain its operations and finance its projects and programs *** Donated amount is designated by the donor to finance any project or program of his choice that furthers the aims of USA-PMTIAA and approved by the USA IRS.	
Note: The official receipt will be emailed to you. Keep it for tax purposes.	