



ALHAMBRA MEDICAL UNIVERSITY ALUMNI ASSOCIATION Membership Application Form

Membership #: _____ (For AMUAA)

Name: _____

License Number: _____

Student from AMU Other school: _____

Student ID: _____ Student enrollment year: _____

Contact Informat

• Phone: _____

• Email: _____

• Mailing Address:

Street: _____

City: _____

State: _____ Zip Code: _____

- Membership Annual Dues: \$150; Please note: \$150 will cover 50 units annually.
- Student From AMU Membership \$30;
- If AMUAA member would like to take additional CEU classes, discounted price would be offered to our member.
- Sign in, sign out sheet and evaluation form are mandatory in order to obtain the certificate.

Please Zelle your membership fees to amuaa456@gmail.com, note your name, License number, phone, email and payment proof.

Please email this signed application form to amuaa.tcm@gmail.com for CEU class notification and CEU credit certificate.

Signature: _____

Date: _____

Thank you for joining the Alhambra Medical University Alumni Association!

