ALHAMBRA MEDICAL UNIVERSITY ALUMNI ASSOCIATION
Membership Application Form

Membership #: _____

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; Student From Other school Membership $75;
- 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.

Signature: _____

Date: _____

Thank you for joining the Alhambra Medical University Alumni Association!