



# ALHAMBRA MEDICAL UNIVERSITY

## Alhambra Medical University Continuing Education Workshops Membership Application / Registration Form

### Personal Information:

Legal Name: \_\_\_\_\_  
Last (family) First Middle Initial

### Contact Information:

Address: \_\_\_\_\_  
Number Street Apt. No. City State ZIP Code

Home Phone Number: \_\_\_\_\_ Mobile: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ L.Ac # \_\_\_\_\_

### Please check the boxes below apply to you:

- Alumni of AMU Annual Fee \$100.00 for total 25 CE units
- General Member Annual Fee \$200.00 for total 25 CE units
- Non-member \$12.00 per CE unit

Please visit AMU's website ([www.amu.edu](http://www.amu.edu)) to check the CE class schedule.

### Payment Method:

- Credit Card
- Check (Please make check payable to "Alhambra Medical University")
- Cash

Credit Card #: \_\_\_\_\_ (  Visa  Master  DISC )

Name on the Card: \_\_\_\_\_ Expiration Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Billing Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### Office Use Only

Payment received: \$ \_\_\_\_\_ Receipt#: \_\_\_\_\_ Handled by: \_\_\_\_\_

Member period: \_\_\_\_\_ Processing Date: \_\_\_\_\_

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