



Alhambra Medical University Continuing Education Workshops Membership Application 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** \$6.00 per CE unit (Alumni) / \$12.00 per CE unit (Non-alumni)

Please visit AMU’s website (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: _____

***\$10.00 administrative fee applies for all cancellations. 100% refund is available prior to the first attendance. All courses attended prior to the cancellation of membership will be recalculated as single CEU charge per course and deducted from the membership fee.**

Office Use Only	
Payment received: \$ _____	Receipt #: _____ Handled by: _____
Member period: _____	Processing Date: _____