




2009 MEMBERSHIP FORM

Dear Alum,

By joining UW PAA, or renewing your membership, you:

- Help support student activities, including:
 - * mentoring programs
 - * student community service projects, like Border to Border
 - * graduation events
- Contribute to awards recognizing and honoring professional and academic accomplishments:
 - * Distinguished Alumnus Award, given to an alumnus for outstanding contributions to the profession
 - * Alumni Professional Excellence Award, given to a promising fourth-year student
- Help sponsor alumni association activities, including:
 - * annual Homecoming football brunch
 - * class reunions
 - * networking receptions

In return, you receive:

- Borrowing privileges at the **UW Health Sciences Library** 
- **Networking opportunities** at alumni receptions
- **Access to job listings** and **class photos** online
- **Discount** to the **Katterman Lecture** (Continuing Education credits available)
- Free subscription to **DawgScripts** (PAA's newsletter)
- Invitations to **alumni events**: Unified Professional Pharmacy Organization of Washington (**UPPOW**) **Auction, Dean's Recognition Reception, Homecoming football brunch** and **class reunions**
- **Discounts** on Homecoming game football tickets
- **Assistance connecting** with old classmates and alumni

Your dues help PAA support pharmacy students—our future fellow alumni. Remember, PAA is your ongoing **resource and communication center** for all your alumni needs.

Save a stamp! Please visit our website at <http://depts.washington.edu/rxalumni/> to submit updates and to get involved.

Thank you for your support!

Name(or names for Joint Membership): _____

Address: _____

City, state and zip code: _____

Email address: _____ Phone number: _____

Preferred method of contact (please also circle HOME or WORK): Phone Email Mail

YES! I'd like to join PAA or renew my membership TODAY!

- Regular Membership **\$50** (Alumni and associates) Graduation year: _____
- Joint Membership **\$90** (Alumnus/alumna and spouse) Graduation years: _____
- Golden Membership **\$40** (Age 65 and older) Graduation year: _____
- New Grad Membership **\$25** (Alumni who graduated within last 2 years) Graduation year: _____

I'd like to make a gift. Please accept my gift of: \$25 \$50 \$100 \$500 Other: \$_____(specify amount)

****Please make checks payable to Pharmacy Alumni Association****

PLEASE NOTE: PAA membership is valid for one year and will expire the same month of the following year after membership begins.

Mail completed form and check to: **Pharmacy Alumni Association • University of Washington • Box 354699 • Seattle, WA 98195-7613**
Tel: (206) 221-2465 • Fax: (206) 221-2689 • Email: rxalumni@u.washington.edu

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