

UNIVERSITY  WASHINGTON  
Pharmacy Alumni Association


**2008 MEMBERSHIP DUES**

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**  <sup>New!</sup>
- **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!**

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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.