



Parents Club Membership 2011-2012

Please mail to: UAMS College of Pharmacy, 4301 W. Markham #522-1A, Little Rock, AR 72205

___ I want to join the Parents Club to help with student events and activities, receive the alumni and friends magazine, and be involved in the life of the college.

___ Enclosed is my \$50 membership fee for the 2011-2012 Academic Year

___ Check payable to - UAMS Foundation Fund, College of Pharmacy

___ Credit Card Payment to - UAMS Foundation Fund, College of Pharmacy

Visa Master Card Discover Am Express

Acct#: _____ Exp. Date: ____ Sec. Code ____

Name on card: _____



Your Student's Name: _____

Parent's Name: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Telephone: _____ Cell Phone: _____

E-mail Address: _____

Parent's Name: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Telephone: _____ Cell Phone: _____

E-mail Address: _____

Family Pharmacists: For possible recognition and publicity purposes, please list any family members who are pharmacists and note if they are UAMS alumni:

*Please feel free to add step-parents and grandparents to this form.
We welcome them as family members of our students*