



Parents Club Membership

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

___ Enclosed is my \$50 membership fee

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

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

Visa

Master Card

Discover

Acct#: _____ Exp. Date: _____

Name on card: _____



Your Student's Name: _____

Father's Name: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Telephone: _____ Cell Phone: _____

E-mail Address: _____

Mother'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:

