

SOUTHWESTERN PHARMACY ALUMNI ASSOCIATION



2017 Membership Form

*Membership Enhances Your Connection to Your SWOSU College of Pharmacy
Annual or Lifetime Membership dues are per person.*

Pharmacy Alumni Association membership dues are used to support PAA endeavors such as student/alumni activities, student scholarships, alumni receptions, homecoming, etc. Your dues support future and current alumni in a lifelong relationship with the SWOSU College of Pharmacy. Please help to strengthen your PAA with your dues today!

REGULAR PAA ANNUAL DUES (\$50)

Annual Membership in **ONLY** the Southwestern Pharmacy Alumni Association (\$50)

COMBO ANNUAL DUES (\$85)

Annual Membership in **BOTH** the SWOSU Alumni Association (\$35) **and** Pharmacy Alumni Association

PAA LIFETIME MEMBERSHIP (\$475)

PAA Lifetime Members receive all PAA Annual Membership benefits **PLUS exclusive** COP polo shirt & vehicle decal
 1 Payment of \$475 2-Yr Payment Plan (\$200,\$275) 3-Yr Payment (\$150, \$150, \$175)
Polo Shirt Size S M L XL XXL XXXL Other _____

FIRST/MIDDLE/MAIDEN/LAST NAME _____

PREFERRED NAME _____

PREFERRED ADDRESS _____

CITY/STATE/ZIP CODE _____

PREFERRED PHONE _____

PREFERRED E-MAIL _____

DATE OF GRADUATION (MONTH, YEAR) _____

ADDITIONAL GIFT (OPTIONAL)

Yes, along with my membership dues, I also want to make a tax-deductible gift to the Southwestern Pharmacy Alumni Association in support of Pharmacy Alumni Association activities in the amount of \$ _____

CHECK/MONEY ORDER MADE PAYABLE TO
SOUTHWESTERN PHARMACY ALUMNI ASSOCIATION

OR

VISA MASTERCARD DISCOVER

CARD NUMBER _____ EXP DATE _____

Please sign me up for **AUTOMATIC BILLING**. My credit/debit card will be charged the appropriate membership rate at renewal time, automatically renewing my Annual membership or making annual Lifetime Membership pledge payment. (To sign up for this service, please pay today with your credit/debit card. We will keep the information on file for Automatic Billing.)

COMPLETE AND SEND FORM TO PHARMACY ALUMNI ASSOCIATION

- By Mail: Southwestern Pharmacy Alumni Association, P.O. Box 702, Weatherford, OK 73096
- By Phone (Credit Cards Only): 580-774-7197
- By Fax (Credit Cards Only): 580-774-3243
- By Email (Credit Cards Only): swpharmacy@swosu.edu

Yes, I want to be a PAA volunteer. Please contact me.

Expires 12/31/2017

Are
You
Already a
Lifetime
Member?

↓

For Current
Lifetime
Members
Only

↓

Special
Offer
below
to
purchase
the
Exclusive
Polo
Shirt!

↓

SOUTHWESTERN PHARMACY ALUMNI ASSOCIATION

Thank You for Being a Lifetime Member! *Your Membership Support is Greatly Appreciated!*

As you know, Pharmacy Alumni Association membership dues are used to support PAA endeavors such as student/alumni activities, student scholarships, alumni receptions, homecoming, etc. Your Lifetime dues have been used to support future and current alumni in a lifelong relationship with the SWOSU College of Pharmacy. Your continued support of the Pharmacy Alumni Association is appreciated!



EXCLUSIVE offer to Lifetime Members Only

The PAA has extended the offer for you to receive an exclusive COP polo shirt for \$75 (includes shipping fee) along with a vehicle decal. Please remember, all proceeds will support the PAA endeavors!

YES, I want the exclusive COP polo shirt and vehicle decal.

Polo Shirt Size S M L XL XXL XXXL Other _____

(These items will be shipped approximately four weeks from receipt of your order.)

FIRST/MIDDLE/MAIDEN/LAST NAME _____

PREFERRED NAME _____

PREFERRED ADDRESS _____

CITY/STATE/ZIP CODE _____

PREFERRED PHONE _____

PREFERRED E-MAIL _____

DATE OF GRADUATION (MONTH, YEAR) _____

ADDITIONAL GIFT (OPTIONAL)

- Yes, along with my \$75 payment for the exclusive offer, I also want to make a tax-deductible gift to the Southwestern Pharmacy Alumni Association in support of Pharmacy Alumni Association activities in the amount of \$ _____

CHECK/MONEY ORDER MADE PAYABLE TO
SOUTHWESTERN PHARMACY ALUMNI ASSOCIATION

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VISA MASTERCARD DISCOVER

CARD NUMBER _____ EXP DATE _____

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