

# SOUTHWESTERN PHARMACY ALUMNI ASSOCIATION



## 2018 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](mailto:swpharmacy@swosu.edu)

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

Expires 12/31/2018

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**

OR

VISA     MASTERCARD     DISCOVER

CARD NUMBER \_\_\_\_\_      EXP DATE \_\_\_\_\_

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