



University of Santo Tomas Medical Alumni Association of Southern CA

Membership Application

Benefits of Membership:

1. Voting privileges in the association
2. Eligibility to serve as an officer
3. Access to membership information, newsletters
4. Networking with fellow alumni

Membership Dues:

___ Life membership \$400.00
___ Regular membership \$100.00/year

___ Emeritus (if 65 y/o and older and **was a previous paid Regular Member**)
Membership Fee will be waived.

California 501C3 Tax-Exempt Corporation TAX ID NO.: 95-451-3641

Mail the application form and make check payable to **USTMAASC** and send to
UST Medical Alumni Assoc. of So.CA – 4858 W. Pico Blvd. #709 Los Angeles, CA 90019

Application may also be emailed to ustmaascorg@gmail.com and paid via **Zelle** –
ustmaascorg@gmail.com. Account name is **University of Santo Tomas Medical Alumni Association of So CA.**

Name _____ Year of Graduation _____

Specialty/Position _____ E-mail _____

Mailing Address: _____

City _____ Zip Code _____

Mobile Phone _____ Office/Home Phone _____

Birthday (Month and Day) _____