

**THE NATIONAL DIAMONDBACK PHARMACY
ALUMNI COUNCIL**

(Formerly The National FAMU Pharmacy Alumni Council)

MEMBERSHIP APPLICATION

July 1, 2008 through June 30, 2009

DATE OF APPLICATION: _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE Home () _____ Wk () _____ Cell () _____

E-MAIL ADDRESS: _____

FAMU GRADUATION: Degree _____ Year _____

ADDITIONAL DEGREE (S) EARNED:

Degree _____ School _____ Year _____

PLACE OF
EMPLOYMENT _____

Address	City	State	Zip
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IDEAS FOR IMPROVING ALUMNI
SERVICES: _____

**NATIONAL MEMBERSHIP DUES IS \$75.00. PLEASE ENCLOSE CHECK OR MONEY
ORDER MADE PAYABLE TO: NATIONAL DIAMONDBACK PHARMACY ALUMNI
COUNCIL.**

**NATIONAL MEMBERSHIP DUES CAN BE PAID VIA PAYPAL FROM OUR WEBSITE AT
WWW.DIAMONDBACKPHARMACYALUMNI.COM . DUES PAID VIA PAYPAL ARE \$78.00.**

**REPLY TO:
POST OFFICE BOX 13052
St. Petersburg, FL 33733-3052**

**For additional questions e-mail: Joy Wallace, President at: Jrobin56@aol.com or Gwen
Washington, Immediate Past President at: Gwendolyn@sprynet.com**