

**THE NATIONAL DIAMONDBACK PHARMACY  
ALUMNI COUNCIL**

**(Formerly The National FAMU Pharmacy Alumni Council)**

**MEMBERSHIP APPLICATION**

July 1, 2009 through June 30, 2010

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 \_\_\_\_\_

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Address	City	State	Zip
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IDEAS FOR IMPROVING ALUMNI  
SERVICES: \_\_\_\_\_

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**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](http://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:**

**Monica Morand, President at: [diamondbackpharmacyalumni@gmail.com](mailto:diamondbackpharmacyalumni@gmail.com) or**

**Joy Wallace, Immediate Past President at: [Jrobin56@aol.com](mailto:Jrobin56@aol.com)**