

University of the East Alumni Association of America, Inc. (UEAAA)

MEMBERSHIP FORM

(Membership qualification: A minimum attendance of one semester in any of the disciplines shown below)

First Name _____ Maiden Name _____ Surname _____ Nickname _____

Address: _____
Number and Street _____ City _____ State _____ Country _____ Zip Code _____

Home Phone: _____ Cell Phone: _____ E-mail Address: _____

Name of Spouse _____

Please check any that applies to you:

Campus attended: Manila Caloocan Quezon City **Year(s) attended** _____

Discipline: Allied Health Professions Computer Studies & Systems Fine Arts, Architecture & Design
 Allied Rehabilitation Sciences Dentistry Graduate School
 Arts & Sciences Education Law
 Business Administration Engineering Medicine Nursing
Basic Education: Elementary High School

UE Alumni Organization/Group Affiliation(s): _____

Referred and Certified by: _____
(UEAAA Registered Member)

**Please submit this form with your Annual Membership Fee of twenty-five dollars (\$25) payable to:
University of the East Alumni Association of America, Inc. (UEAAA)**

<input type="checkbox"/> REMITTANCE BY MAIL	<input type="checkbox"/> ON-LINE PAYMENT
Make check payment to: <i>University of the East Alumni Association of America, Inc. (UEAAA)</i>	On-line payment may be made by account holders of "Zelle" payable to: UEAlumniAssoc-America@msn.com
Fill up the membership form and mail with check to: <i>UE Alumni Association of America, Inc. P.O. Box 2001 Pico Rivera, CA 90662</i>	For Canadian signups, payment may be made via e-Interac transfer to: ue2025global@gmail.com
	Download and fill up the Membership form / e-mail to: UEAlumniAssoc-America@msn.com

FOR UEAAA INTERNAL PROCESSING ONLY RECEIVED BY: _____ DATE: _____



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