



PHILIPPINE ASSOCIATION OF MEDICAL TECHNOLOGISTS-USA, Inc.  
NORTHERN CALIFORNIA CHAPTER  
Visit us @ [www.pametnorcal.org](http://www.pametnorcal.org) email us @ [pametnorcal@aol.com](mailto:pametnorcal@aol.com)

### APPLICATION FOR MEMBERSHIP

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email (used for membership confirmation) \_\_\_\_\_

College/University Attended \_\_\_\_\_

Year Graduated \_\_\_\_\_ Date of Birth (Month/Day) \_\_\_\_\_

CLS License (Yes/No) \_\_\_\_\_ Other Certification (ASCP, NCA, AMT) \_\_\_\_\_

Employer \_\_\_\_\_

Employer's Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Title \_\_\_\_\_

#### **BENEFITS for Members**

- Continuing Education Seminars. FREE 6 CE units/year
- Review Class for CA CLS Board Exam
- Scholarship for deserving children of active members(\*)
- Employment Networking
- Update on Legislative Issues
- Newsletter
- National Convention/Cultural Events/ Health Fair
- School Reunions

\*Must be active for 3 consecutive years



#### **PAMET MEMBERSHIP CARD**

NAME: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_

Member for: 1-year (\$35) \_\_\_ 3-years (\$95) \_\_\_\_\_

Effective Date: \_\_\_\_\_ Expiration: \_\_\_\_\_

Validating Officer: \_\_\_\_\_

**MEMBERSHIP FEES (Check one)**

( ) 1 year/active \$35.00      ( ) 3 years/active \$95.00

**Please mail application to:**

**PAMET Membership c/o Eloisa Dominguez  
1064 Parkside Dr., Vacaville, CA 95688**

**Make check payable to: PAMET Northern California**

**For inquiries, please call tel. (707)724-6142 or email: [eloy8652@aol.com](mailto:eloy8652@aol.com)**

**Date Submitted: \_\_\_\_\_**

**Check #: \_\_\_\_\_**

**Amount: \_\_\_\_\_**

**Received by: \_\_\_\_\_**



**Eloisa Dominguez  
1064 Parkside Dr.  
Vacaville, CA 95688**