



PHILIPPINE ASSOCIATION OF MEDICAL TECHNOLOGISTS-USA, Inc.
 NORTHERN CALIFORNIA CHAPTER
 2562 Copa del Oro Drive , Union City, CA 94587
 pametnorcal@aol.com www.pametnorcal.org

APPLICATION FOR MEMBERSHIP

Last Name _____ First _____ Middle _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email (for membership confirmation & correspondence) _____

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's Signature: _____

MEMBERSHIP FEES (Check one)

() 1year/active \$35.00 () 3years/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)685-9424 or email: eloy8652@aol.com

Date Submitted: _____

Check #: _____

Amount: _____

Received by: _____



Eloisa Dominguez
760 Cannon Station Ct.
Vacaville, CA 95688