



**PHILIPPINE ASSOCIATION OF MEDICAL TECHNOLOGISTS
NORTHERN CALIFORNIA CHAPTER**
1067 N. Station Dr. ,Vacaville, California 95688 Tel. (707) 685-9424
visit us @ www.pametnorcal.org

APPLICATION FOR MEMBERSHIP

Last Name _____ First Name _____ Middle Name _____
Address _____ City _____ State _____ Zip _____
Home Phone (____) _____ Email: _____ Birthday (mo./day) _____
College/University Attended _____
Year of Graduation _____ Degree/s _____
*CLS License # (if applicable) _____ *Other (ASCP, NCA, AMT) _____
*Employer _____ *Work Phone No. (____) _____
*Address _____ City _____ State _____ Zip code _____
*Title _____ * Years Employed _____

Note: (*) optional information

MEMBERSHIP FEES (Check one)

() 1 year/active \$30.00 () 3 years/active \$75.00

Please mail application to:

PAMET Membership c/o Belle Ocampo
864 So. Regatta Drive, Vallejo, CA 94591

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

For inquiries, please call tel. (707) 557-7074 or email: mabel1393@sbcglobal.net

What will you get by joining PAMET?

- Continuing education seminars. **FREE 6 CE units/year**
- Review class for CA CLS board exam
- Scholarship for deserving children of active PAMET members
- Employment networking
- Update on legislative issues
- Newsletter
- National convention/Cultural events/Health fair
- School reunions

I would like to support the organization by participating in the following activities:

(Please check):

() Educational Activities () Legislative Action Committee () Leadership Training
() Cultural Events () Ways and Means () National Convention () Social Activities

Date: _____

Check #: _____