



*I am a dues paying member of the
WSU SOM Alumni Association*

___Adult(s) at \$15
___Child(ren) ages 6-12 at \$30

*I am **not** a dues paying member of the
WSU SOM Alumni Association*

___Adult(s) at \$20
___Child(ren)ages 6-12 at \$35

I would like to become a WSU School of Medicine Alumni Association Member!

___\$50 1-year ___\$130 3-year

Child(ren) shirt size:

CHILD 1	CHILD 2	CHILD 3	CHILD 4	CHILD 5
S M L XL	S M L XL	S M L XL	S M L XL	S M L XL
ADULT 1	ADULT 2	ADULT 3	ADULT 4	ADULT 5
S M L XL	S M L XL	S M L XL	S M L XL	S M L XL

Adult's name: _____
 Address: _____
 City/St/ZIP: _____
 Phone: _____
 E-mail: _____

Payment Information: Please make checks payable to **WSU School of Medicine Alumni Association**

I have enclosed a check for \$_____
 Please charge \$ _____ to my Visa MasterCard Discover American Express
 Card #: _____
 Exp. date: _____ Code: _____ Zip for card: _____
 Name: _____

No refunds and children must be accompanied by an adult.
Last day to register is March 3, 2023
 Call (313) 577-3587 or e-mail alumni@med.wayne.edu

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