



**POLYTECHNIC UNIVERSITY OF THE PHILIPPINES
ALUMNI ASSOCIATION, U.S.A., INC. (PUPAA-USA)**

www.pupalumniusa.org

Tel. No. (323) 254-3170 Fax (323) 254-3171

MEMBERSHIP APPLICATION FORM

Name: _____ Maiden Name _____

Mailing Address: _____

Tel No.: Cell _____ Home _____ Work _____

E-mail Address: _____

Facebook Acct. _____ Birthday (Month/Date) _____

Attended PCC/PUP:	Degree/Years Attended	Campus
High School	_____	_____
College	_____	_____
Faculty	_____	_____

School Affiliations _____
(Fraternity/Sorority/Social Clubs)

FAMILY:

Spouse: _____

No. Children/Names/Age: _____

No. of Grandchildren/Names/Age: _____

WORK:

Employer: _____

Position: _____

Retired/Year _____

SOCIAL (use back of paper if necessary)

Organizations/Positions _____

Awards Received/Year _____

Activities: _____

Hobbies: _____

Talents: _____

Annual Dues: \$ 25.00 _____

Lifetime Dues: \$ 250.00 _____

Payment Accepted: Credit Card (Pls. fax authorization form) or make check payable to PUPAA-USA:

Mail to: PUPAA, U.S.A., Inc., 4515 Eagle Rock Blvd., Suite 111 Los Angeles, California 90041

Security of Personal Information:

PUPAA-USA will protect the confidentiality of the personal information you provided and will not share nor use in any form of direct marketing or sales to third parties.



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CREDIT CARD CLIENT AUTHORIZATION

I, _____, do authorize PUPAA-USA, Inc. to charge my credit card

Visa Card

Mastercard

Credit Card Number:

Print Name of Credit Card Holder: (as it appears on the card)

Expiration Date:

Security Code:

Billing Zip Code:

Name of Banking/Financial Institution:

Authorized Amount: \$ _____

In Words: _____

Signature of Card Holder/Authorized User

Date

Note: Please provide a copy of a government issued identification card and a copy of your credit card.