

**PHARMACY ALUMNI ASSOCIATION**  
 UNIVERSITY OF WISCONSIN  
 Rennebohm Hall  
 777 Highland Avenue  
 Madison, WI 53705-2222

INVOICE	DATE	ACCOUNT NUMBER
	FALL 2009	RXALMEM04699

DESCRIPTION		AMOUNT
2009-A Annual Membership / Newsletter / PAA Admin.Fees	<input type="checkbox"/>	\$50.00
2009-B First Year Graduate Membership / Newsletter / PAA Admin.Fees	<input type="checkbox"/>	Free
2009-C 2-5 Years Post-Graduation Membership / Newsletter / PAA Admin.Fees	<input type="checkbox"/>	\$25.00
2009-D Lifetime Membership / newsletter / PAA Admin.Fees	<input type="checkbox"/>	\$500.00

AMOUNT REMITTED:

RETAIN THIS PORTION FOR YOUR RECORDS



ALUMNUS NAME \_\_\_\_\_

DEGREE / YEAR \_\_\_\_\_

<input type="checkbox"/>	Annual Membership / Newsletter / PAA Admin. Fees
<input type="checkbox"/>	First Year Graduate Membership / Newsletter / PAA Admin. Fees
<input type="checkbox"/>	2-5 Years Post-Graduation Membership / Newsletter / PAA Admin. Fees
<input type="checkbox"/>	Lifetime Membership / newsletter / PAA Admin. Fees

MAKE CHECKS PAYABLE TO: **WISCONSIN PHARMACY ALUMNI ASSOCIATION**

Mail to: PHARMACY ALUMNI ASSN.  
 RENNEBOHM HALL  
 777 HIGHLAND AVE.  
 MADISON, WI 53705-2222



**SCHOOL OF PHARMACY**  
 University of Wisconsin-Madison

"Thanks for your continued support of the PAA"