

USC Division of Biokinesiology and Physical Therapy

PT ALUMNI ASSOCIATION (USC PTAA)

Membership in the USC PTAA represents an opportunity to be part of an organization, rich in heritage, which strives to further its mission of excellence in physical therapy education, research, and practice. The objectives of the USC PTAA include facilitating social networking among alumni, faculty, students and parents; assisting with the fulfillment of continuing education needs of alumni; and actively supporting and promoting physical therapy education at USC.

MEMBERSHIP APPLICATION

I would like to be considered for the following membership:

Alumni Member (Alumni) Faculty Member Student Member Associate Member (Parents/non-USC BKN/PT Grad.)

Name: _____

Parent(s) of: _____ Graduation Year of child(s): _____
Name of son/daughter in the PT Program

Home Address: _____
street city state zip

Personal E-Mail: _____ Home Phone: _____

Business Title: _____ Business Name: _____

Business Address: _____
street city state zip

Business Phone: _____ Business E-mail: _____

- I would like to be considered for a leadership position in the USC PTAA.
 I would like to be considered for other volunteer opportunities to benefit the Division, such as class captain, mentorship, panelist, fair representative, event host, event planning assistance, etc...

Associate Members ONLY:

If you are not an alumnus, faculty, or student, please describe your relationship with USC BKN/PT and why you would like to be a member of the PTAA (attach additional sheet if needed):

Background and/or Education: _____

Donation:

Membership in the USC PTAA is by donation. Suggested donation of \$25/year for the first two years after graduation, \$50 thereafter. Contributions from USC PTAA members provide a source of funds to meet special needs of the PTAA and the Division, such as funding for social/educational events, scholarships, research, and facility projects that enrich physical therapy education at USC.

My check of \$ _____ payable to USC BKN/PT is enclosed

Charge \$ _____ to my VISA MasterCard Discover

Card number: _____ Expiration: _____

Signature: _____ Date: _____

Please return form and donation to:

USC Biokinesiology and Physical Therapy
ATTN: USC PT Alumni Association
1540 Alcazar St., CHP 155; Los Angeles, CA 90089-9006

(rev. 5/14)