



PHILIPPINE ASSOCIATION OF MEDICAL TECHNOLOGISTS-USA, Inc.

NORTHERN CALIFORNIA CHAPTER

Website: <https://pametnorcal.org>



APPLICATION FOR MEMBERSHIP

Last Name _____ First _____ Middle _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email address _____

College/ University _____ Year Graduated _____ Date of Birth _____

CLS License (Yes/No) _____ LICENSE No. _____ Other Certifications _____

Employer _____

Employer's Address _____

Membership Fees (Check one) () 1 year/active \$50 () 3 years/Active) \$145

Please mail the application to PAMET Membership c/o Eloisa Dominguez
1064 Parkside Dr. Vacaville, CA 95688

Payment via Zelle or Check: Zelle to 707-372-2886 (Eloisa Dominguez) registered as PHIL ASSOC OF
MED TECH USA NORCAL or Make checks payable to PAMET NORTHERN CA

For inquiries, please visit our website at <https://pametnorcal.org> or email membership@pametnorcal.org

Submitted _____ Check # _____

Amount: _____ Received by: _____

Benefits for Members

- Continuing Education Seminars. FREE 6 CE Units/year
- Review Class for CA CLS Board Exam
- Scholarship for deserving children of active members (*) * Must be active for 3 consecutive years
- Employment Networking
- Update on Legislative Issues
- Newsletter
- National Convention/Cultural Events/Health Fair/Community Service