



# MU SIGMA PHI FOUNDATION

## Membership Form

Mark appropriate box below

- Application
- Update

PLEASE WRITE LEGIBLY OR PRINT

LAST NAME:  
FIRST NAME:  
UPCM CLASS/Batch  
SPECIALTY:  
STATUS:

- Active
- Retired
- In-training

EMAIL ADDRESS:

HOME :

STREET:  
CITY:  
STATE AND ZIP CODE:  
TEL/CELL:

OFFICE

STREET:  
CITY:  
STATE AND ZIP CODE:  
TEL:  
FAX:

UPMASA CHAPTER AFFILIATION:

Check appropriate box for payment below:

- MSPF Lifetime Membership (\$500 one-time payment) or \$125/year x 4 years on installment plan
- MSPF Lifetime Membership (\$250 one-time fee for retiree). Must be 65 and over to qualify
- MSPF Annual Membership (\$100 yearly fee)
- In training (free). Confirmation letter from Hospital Director must accompany the application form

Check appropriate box

- Payment by Credit card (Visa, MasterCard, Amex only)
  - ❖ Please call in info
- Check

(Please make out the check to MSPF, and mail with this form to the Treasurer)

**Godofredo Garcia, M.D.**  
3008 Jameson Drive  
Concord NC 28027-4538  
Tel. (980) 248-1138  
Cell (740) 803-2966

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Please sign and date. AFTG!