



# MU SIGMA PHI FOUNDATION

## Membership Form

Check appropriate box below:

- Initial Membership Application
- Membership Profile Update

**LAST NAME/FIRST NAME:**

*(For married females, please include your hyphenated surname.)*

**BIRTHDATE (Month/Day only):**

**UPCM CLASS:**

**MU BATCH:**

**UPMASA CHAPTER:**

**SPECIALTY:**

**STATUS:**

- Active medical practice
- Other profession (please indicate):
- Retired
- In-training

**EMAIL ADDRESS:**

**MOBILE PHONE NUMBER:**

**MAILING ADDRESS:**

Street

City:

State and Zip code:

**MSPF ANNUAL MEMBERSHIP FEE**

- Regular Member - \$100 (please see payment options below)
- In-training (Free - *confirmation letter from Hospital/Program director must accompany the application form*)
- Lifetime Member (those who have paid lifetime dues before 2020)

**PAYMENT OPTIONS**

- Credit Card: Call **Dr. Godofredo Garcia** at **(740) 803-2966** with your credit card information
- Zelle: Scan QR code or send to **mspf1933up@gmail.com** for the General Fund. Put your full name, email address and "Membership Fee" on the memo.
- Check: Please write a check to **Mu Sigma Phi Foundation** and mail to:  
**Dr. Godofredo Garcia**  
**3008 Jameson Dr. NW, Concord, NC 28027**

**PLEASE SIGN AND DATE:** \_\_\_\_\_

**AFTG!**

MU SIGMA PHI FOUNDATION NFP



Zelle®