SCHOOL OF ALLIED MEDICAL PROFESSIONS
ALUMNI SOCIETY
Atwell Hall - 453 W.10th Ave. - Columbus, Ohio 43210 - (614.292.1706)
website: www.amp.osu.edu

May 1, 2008

Greetings SAMP Alumni:

The SAMP Alumni Society has been making great progress toward fulfilling its mission of service to the School, the community, and SAMP students. Each year, over the last few, through a combination of successful fundraising events and the implementation of annual membership dues, we were able to contribute over $2,500 to the endowment fund, which will enable us to award future scholarships to promising young people entering the Allied Medical Professions.

*Why is collecting dues so important?* Besides the contributions your dues are making to the goal of awarding scholarships, your dues allow us to continue to provide football tickets in connection with the annual "Bucks, Brew 'n Barbeque" event. Our parent organization, the OSU Alumni Association, has strongly encouraged the institution of dues for all societies like ours. In return, the OSUAA has been looking out for our interests and helping us organize and coordinate our various events.

*What are the benefits of membership?* As a dues-paying member of both the SAMP Alumni Society and the OSU Alumni Association, you will have priority for the football tickets we receive as part of our "Bucks, Brew, 'n Barbeque" event. To join the OSU Alumni Association, please visit www.ohiostatealumni.org. Alumni Association members also receive priority invitations to other events throughout the year.

***We must receive your membership byJuly 31, 2008 if you wish to receive priority consideration for football tickets for the 2008 season.*** Please complete the registration form below, detach, and mail it along with your check to:

SAMP Membership, c/o Brad Locke, Treasurer
127 Atwell Hall
453 W.10th Avenue
Columbus, OH 43210

Thank you for supporting SAMP, and GO BUCKS!!

Lauree (Ring) Handlon, HIMS class of 2000
President, SAMP Alumni Society

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**2008 OSU SAMP ALUMNI SOCIETY MEMBERSHIP DUES PAYMENT FORM**

Name: _____ Email: _____

Home Address: _____

Work Address: _____

Home Phone: _____ Work Phone: _____

Membership: ☐ Annual $20.00 ☐ Lifetime $400.00 If Lifetime: ☐ Monthly installments ☐ Lump sum (Make checks payable to: SAMP Alumni Society)

Additional Donation: _____

SAMP Division/Program: _____ Year Graduated: _____