



U.S.T. MEDICINE CLASS 1967 FOUNDATION, U.S.A., INC.
301 Westtown Way, Westchester, PA 19382. U.S.A.

MEMBERSHIP SURVEY (Confidential)

NAME _____ DOB _____, 19____

HOME ADDRESS _____

TEL.NO./CELL PHONE _____ EMAIL _____ @ _____

OFFICE ADDRESS _____

TEL.NO. _____ FAX _____

MEDICAL SPECIALTY _____ () Solo () Group () Hosp.based

() Gov't. () Active () Part Time () Retired

IF NOT PRACTICING MEDICINE, CURRENT LINE OF WORK _____

MARITAL STATUS _____ NAME OF SPOUSE IF APPLIC. _____

NAME/AGE OF CHILDREN, GRANDCHILDREN (IF ANY): _____

HOBBY(IES), LEISURE ACTIVITIES, SPORTS, ETC. _____

WILL YOU BE WILLING TO PARTICIPATE IN THE CLASS ORGANIZATION/ACTIVITES?

() NOW () NOT NOW () IN THE FUTURE

WHAT ACTIVITY WOULD YOU LIKE TO PARTICIPATE IN?

() Education, CME

() Performing Art: singing, dancing, acting (drama, comedy, etc.). Please specify.

() Fund raising. Please specify _____

() Organization tasks

() Communication

() Others

Which of the following committees are you interested in?

- Entertainment & Leisure
- Memorials
- Las Vegas 2007 Reunion
- Philippine 2007 Jubilee
- USTMAAA
- Others

Will you participate in the USTMAAA sponsored conference for UST Medical School Jubilarians in Las Vegas in July, 2007? YES NO

Will you participate in the December, 2007 Philippine Reunion? YES NO

Information gathered here is confidential. None will be shared with others or printed without your permission.

You are only expected to answer questions you are comfortable with, otherwise leave them blank.

Also enclosed below is a copy of the donation/pledge to UST Medicine Class '67 Foundation, Inc.

MAIL THE COMPLETED SURVEY FORM TO:

Trinidad Tinio-Balbuena, M.D.
1659 Graff Court
San Leandro, CA 94577
Tel. 510 351 7054 Home
Cell 510 828 0812

OR YOU MAY FILL IT UP AND EMAIL TO GLBALBUENA@AOL.COM