

# Sustaining Membership 2010-2011

Our institution will support the ELAM Program by joining as an Academic Sustaining Member.

To make your payment please fill in the information below and return it with your credit card information or check to:

**Drexel University College of Medicine**  
**P.O. Box 8235**  
**Philadelphia, PA 19101-9685**

Dean's Name \_\_\_\_\_

Name of Institution \_\_\_\_\_

Institution Address \_\_\_\_\_

Administrative Contact Name \_\_\_\_\_

Administrative Email \_\_\_\_\_

Administrative Phone \_\_\_\_\_

**ELAM can provide you with an invoice. Please contact our office at [elam@drexelmed.edu](mailto:elam@drexelmed.edu)**

\_\_\_\_ Included is a check for the payment of \$3,000 for Sustaining Membership 2010-2011  
(made out to Drexel University College of Medicine/ELAM Program)

\_\_\_\_ Charge\* \$3,000 to  VISA  Master Card  Discover

Card # \_\_\_\_\_ Expiration \_\_\_\_\_

Name on Card (please print) \_\_\_\_\_

Signature \_\_\_\_\_

\*Please note that charges will be reflected on credit card statements as "DUCOM" or "PHEC," not ELAM; however, your payment will be directed solely to ELAM.

M11A1

*Thank you for your contribution!*



Contact the ELAM Office with any questions or help with payment at [elam@drexelmed.edu](mailto:elam@drexelmed.edu).

[www.drexelmed.edu/elam](http://www.drexelmed.edu/elam)