PMCAA Registration 2026

Last Name:_____

First Name:_____Middle Initial:_____Gender:_____

Address:_____ Home ☐ Office ☐

City:_____State:_____Zip:_____

Office Phone:_____ Home Phone:_____

Fax:_____ E-mail:_____

Year of Graduation:_____ Speciality:_____

Patiala Medical College Alumni Association

www.pmcaa.com

Spouse's Name:_____

Is your spouse a Doctor? Y ☐ N ☐ If yes, complete the followiing:

Address:_____ ☐ Same as above

City:_____ State:_____ Zip:_____

Office Phone:_____ Fax:_____

E-mail:_____

College:_____ Year of Graduation:_____ Speciality:_____

MEMBERSHIP CATEGORIES: ☐ Patron / Medical Student / Resident / Fellow - Proof may be needed (No Membership Fees)

☐ $1000 Patron (Life) Membership ☐ $100 Annual Membership

☐ $2000 Joint Patron Membership ☐ $200 Joint Annual Membership

$ _____

Package A: Friday & Saturday gala events, all meals, Thursday through Sunday
Package B: Friday & Saturday gala events, Saturday and Sunday breakfast
Package C: Saturday gala event, Sunday breakfast

Packages (per person)	Adults 13 & over	Children 5-13 Yrs (children under 5 free)	-----
A	$850 x __	$550 x __	$ _____
B	$700 x __	$500 x __	$ _____
C	$500 x __	$400 x __	$ _____
CME (per physician)	$100 x __	-----	$ _____
PHF Donation (Voluntary)	☐ $1000 ☐ $500	☐ $200 ☐ $100	$ _____
TOTAL	-----	-----	**$** _____

Please add $100 per person for each package after June 15, 2026 (No exceptions)

(Cancellation: $200 before June 30th, no refunds thereafter)

Make checks payable in US dollars to PMCAA

Mail this registration form to: 858 N Cherry St. Ste E, Tulare, CA 93274 or Email at docchopra@gmail.com