



**LIU Pharmacy  
Alumni  
Association**

**Membership Application**

Name: ..... Date of birth: .....

Mobile number: ..... Home number: .....

Email: ..... Year of graduation: .....

Region/Address: .....

Employment(s): .....

I confirm my LIU Pharmacy Alumni Association membership:

Yes       No

I am interested to be an LIU Pharmacy Alumni Association board member:

Yes       No

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LIU Pharmacy Alumni Association

Email: [sop.alumni@liu.edu.lb](mailto:sop.alumni@liu.edu.lb)

P.O. Box: 146404 Mazraa, Beirut - Lebanon

/alumni.sop.liu