



# *Pre-Pharmacy Students Association*

California State University, Los Angeles

## **Membership Application**

Date: \_\_\_/\_\_\_/\_\_\_

Quarter: \_\_\_\_\_

Year: 20\_\_\_

Member Information (Please Print Clearly):

Member Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell/Pager #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_ or \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_

The Pharmacy Club is interested in knowing more about their new members. The following section gives the club a greater advantage in providing information to members about career goals.

Major: \_\_\_\_\_ Graduation (Quarter/Year): \_\_\_/\_\_\_

What Is Your Current Status? (Please check one):

Freshman: \_\_\_ Sophomore: \_\_\_ Junior: \_\_\_ Senior: \_\_\_ Graduate Student: \_\_\_\_\_

Other (explain): \_\_\_\_\_

Career Goal (Please explain): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Any information given to the Pre-Pharmacy Students Association will be held confidential at all times.  
Only the Pre-Pharmacy Students Association officers will have access to the information given above.**

Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Membership fees can be given to any current officer. Annually is \$20.00 and Quarterly is \$5.00.

T-shirt Size: Small \_\_\_ Medium \_\_\_ Large \_\_\_ X-Large \_\_\_ XX-Large \_\_\_

(For Office Use Only)

Membership fee: Annually \_\_\_ \$20.00 Quarterly \_\_\_ \$5.00 Paid: y \_\_\_ n \_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Current Officer Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_