

STUDENT NATIONAL PHARMACEUTICAL ASSOCIATION

National Membership Application

Membership Category:

*Check **only one** category below*

- Pharmacy Student (\$35.00)
- Affiliate: Non-High School (\$30.00)
- Affiliate: High School Student (\$10.00)

- Students enrolled in pre-pharmacy or pharmacy programs at an accredited college of pharmacy may apply for **Pharmacy Student** membership. Pre-pharmacy status indicates that the student is matriculating within an accredited college of pharmacy.
- **Affiliate** membership is available for high school students and students interested in a career in pharmacy who have not yet been accepted to an accredited college of pharmacy.
- Return the completed application with appropriate dues to your local chapter officer or mail directly to national headquarters.
- **Do not include local chapter dues with this application and DO NOT SEND CASH.**
- Make check or money order payable to SNPhA.

PLEASE ALLOW 4-6 WEEKS FOR PROCESSING

Type or print legibly

Last Name _____ First Name _____ M.I. _____

Current Address _____

City _____ State _____ Zip _____

Telephone () _____ E-mail Address _____

Permanent Address _____

City _____ State _____ Zip _____

Telephone () _____ E-mail Address _____

Name of School (Pharmacy; High School; Other) _____

Pharmacy Student Classification: Pre-pharmacy 1st Professional Year 2nd Professional Year
 3rd Professional Year 4th Professional Year Other(Please Specify) _____

Expected Date of Graduation _____ Status: New Member Renewal

Ethnic Origin: Black/African-American Native American or Alaskan Native Hispanic/Latino
 White Asian or Pacific Islander Other (Please Specify) _____

What SNPhA office do you hold? _____

Name of Chapter President _____

Name of Chapter Advisor _____

Mail Application and Payment to:
 SNPhA National Headquarters
 4301 Broadway CPO #1203
 San Antonio, Texas 78209