

STUDENT NATIONAL PHARMACEUTICAL ASSOCIATION

ANNUAL 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 other 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 the National Headquarters.
- Do not include local chapter dues with this application,
- Make check or money order payable to SNPhA. **DO NOT SEND CASH.**
- SNPhA will mail out annual membership cards to either you or your chapter following receipt of completed applications.

PLEASE ALLOW 4-6 WEEKS FOR PROCESSING.

Please fill in all of the following information. Do not leave any spaces blank. Type or print legibly. SNPhA will not responsible for any misspelling due to illegible handwriting.

Last Name _____ First Name _____ M.I. _____

Mailing Address _____

City _____ State _____ Zip Code _____ Gender (M/F) _____

Phone _____ E-mail _____

Ethnic Origin: Black/African American Native/Alaskan American Hispanic/Latino
 White Asian/Pacific Islander Other: _____

School Name (Pharmacy, High School, etc.) _____

Pharmacy Student Classification: Pre-Pharmacy P1 P2 P3 P4
 Other: _____

Expected Graduation Date (MM/YYYY) _____ Membership Status: New Renewal

How many years have you been in SNPhA? _____

What SNPhA office do you hold? _____

Name of Chapter President _____

Name of Chapter Advisor _____

Mail Application and Payment to:
 SNPhA National Headquarters
 PO Box 761388
 San Antonio, TX 78245-1388

For questions or concerns about the membership application process, please email contactsnpha@snpha.org. For questions about membership benefits, please email melvinroberts@snpha.org.