



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: ___/___/___