## STUDENT NATIONAL PHARMACEUTICAL ASSOCIATION National Membership Application

Type or print legibly         Last Name         First Name         Current Address         City       State         Telephone ( )       E-mail Address         Permanent Address         City       State         Zip         Telephone ( )       E-mail Address         Permanent Address         City       State         Zip         Telephone ( )       E-mail Address         Pitephone ( )       E-mail Address         Other (Please Specify)       2nd Professional Year         Pharmacy Student Classification: Pre-pharmacy       1st Professional Year       2nd Professional Year         Name of School (Pharmacy; High School; Other)       Pharmacy Student Classification: Pre-pharmacy       1st Professional Year       2nd Professional Year         Status:       New Member       If       Fordersting         Status:       New Member       If         Ethnic Origin:       Black/African-American       Native American or Alaskan Native       Hispanic/Latino	college of status armacy. erested in a ge of er officer or END CASH.
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City       StateZip         Telephone ()       E-mail Address         Permanent Address	
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City	
Telephone ( )       E-mail Address         Name of School (Pharmacy; High School; Other)	-
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       □ Free Planta Pl	_
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	Year
Ethnic Origin:  Black/African-American  Native American or Alaskan Native  Hispanic/Latino	Renewal
□White □Asian or Pacific Islander □Other (Please Specify)	
What SNPhA office do you hold? Mail Application and Payment to:	
Name of Chapter President       SNPhA National Headqua         Name of Chapter Advisor       4301 Broadway CPO #12         San Antonio, Texas 78209       San Antonio, Texas 78209	203