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

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

Revised - September 2008