MU DELTA

THE MINORITY PRE-HEALTH ASSOCIATION

MEMBERSHIP APPLICATION

Please type the requested information in the allotted spaces. All information must be provided on this form. Return this form to the Mu Delta Office, University of Houston, Scholar's Enrichment Program (Bldg 523). When submitting your Membership Application, please do attach (or bring) your Membership Fee.

Print Name: _____ _____
(Last Name) (First Name, Middle)

Address:_____
_____

Home Tele: _____ Cell No: _____

Date of Birth: _____ Email: _____

Classification: _____ Major: _____

Field of Interest: _____

Please rank the committee according to y our preference of partaking in them:

____ Academic Committee ____ Finance Committee

____ Publicity Committee ____ Events Committee

Choice of Payments:

1) ___ $25.00 for year 2) ___ $30.00 for year (after deadline)

As a member of Mu Delta, I agree to assume full responsibilities of membership, including regular attendance at meetings, executing assignments, participating in committees & projects as requested by the officers, taking part in organization functions, all to the best of my ability. Since the value of membership in the Mu Delta depends on its members, I pledge to abide by the organizational constitution and bylaws, advance the cause of the organization, and adhere to the Student Life policies of the University to the best of my ability, all to increase the value of membership in Mu Delta.

I, _____ hereby guarantee that I have read above statements, agree with the above statements. Violation of the above statements will result in suspension of membership and may be adequate cause for initiation of disciplinary action, as dictated by University policy.

Applicant's Signature: _____ Date: _____