



Pre- Pharmacy Association Membership Application



Please print or type the requested information in the allotted spaces. All information must be provided on this form. Return completed form to: PPA University of Houston, Campus Activities Box #6 in the Underground UC area or to an active officer.

Please do not leave money in the Campus Activities Box.

Name (Last, First, MI):

Email Address _____

Home Phone () _____ - _____

Cell Phone () _____ - _____

Date of Birth ____ / ____ / ____

Last Four (4) of PeopleSoft ID _____

Academic Major/Degree Objective _____

Classification (Circle One): Freshman Sophomore Junior Senior

Size of T-shirt (Regular): Small Medium Large X-Large

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

I, _____ hereby swear that I have read the above, agree with it, and will abide by the above statements. Violation 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 _____