



## STUDENT NATIONAL PHARMACEUTICAL ASSOCIATION

*University of Houston - Department of Pharmacological  
and Pharmaceutical Sciences*

521 Science and Research Building 2 - Houston, Texas 77204-5037 -  
(713) 743-1275

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### **UNIVERSITY OF HOUSTON CHAPTER MEMBERSHIP**

#### **Eligibility**

Any pharmacy, pre-pharmacy, or BSPS student in an accredited university or college is eligible for membership in the organization. In addition, high school students (grades 9-12) are eligible for affiliate membership.

#### **Application**

All individuals should apply for membership to SNPhA on an official membership application. You are required to fill out the Chapter Application as well National Membership Application.

#### **Membership Dues**

The SNPhA membership year is from September 1<sup>st</sup> through July 31<sup>st</sup> of the following year.

Membership dues are \$60.00 per year for pharmacy, pre-pharmacy, and BSPS students and include the following: National membership (\$35), Chapter membership (\$15), and Chapter T-shirt (\$10). If you do not wish to purchase the Chapter T-shirt, your dues will be \$50.

Membership dues are \$35 per year for high school students and include the following: National membership (\$10), Chapter membership (\$15), and Chapter T-shirt (\$10). If you do not wish to purchase the Chapter T-shirt, your dues will be \$25.

**Please write ONE check payable to SNPhA and submit both applications to a designated chapter officer. National applications will be submitted as a group to the National Headquarters.**

It is important to correctly complete the membership application. Be sure that the information is spelled correctly and neatly written. Complete all information requested on the application. If you are unsure of your graduation date, put an approximate year on the application. **This information helps the transition from SNPhA member to NPhA member when graduation approaches.** If you have any questions about the application, please ask one of our chapter officers.

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# CHAPTER APPLICATION SNPhA: UNIVERSITY OF HOUSTON

**Name:**

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Last

First

Middle

**Current Address:**

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Street

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City

State

Zip

Telephone

---

Email Address

**Classification:**

☐ Pharmacy Student: ☐ 1<sup>st</sup> ☐ 2<sup>nd</sup> ☐ 3<sup>rd</sup> ☐ 4<sup>th</sup>

☐ Pre-pharmacy Student: ☐ 1<sup>st</sup> ☐ 2<sup>nd</sup> ☐ 3<sup>rd</sup> ☐ 4<sup>th</sup>

☐ BSPS Student: ☐ 1<sup>st</sup> ☐ 2<sup>nd</sup> ☐ 3<sup>rd</sup> ☐ 4<sup>th</sup>

☐ High School Student: ☐ 9<sup>th</sup> ☐ 10<sup>th</sup> ☐ 11<sup>th</sup> ☐ 12<sup>th</sup>

Anticipated Date of Graduation \_\_\_\_\_

**T-Shirt Size:**

☐ S ☐ M ☐ L ☐ XL

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**For Office Use Only**

**Payment for:**

☐ Membership + T-shirt

☐ Membership Only

# 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

Type or print legibly

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 ☐ 1<sup>st</sup> Professional Year ☐ 2<sup>nd</sup> Professional Year  
☐ 3<sup>rd</sup> Professional Year ☐ 4<sup>th</sup> 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