

# SNPhA Membership Form



Name: \_\_\_\_\_ Race/Ethnicity: \_\_\_\_\_

Preferred Name (If Applicable): \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Membership status (circle one):**

- Chapter Member (\$15)
- National Member (Pay for this online! \$35 on SNPhA.org.)

**Pharmacy Year (circle one):**

P4    P3    P2    P1    Undergrad

**Enclose CASH or CHECK payable to the University of Pittsburgh**  
(check preferred)

**\*\*\* Please turn in completed forms to your class' SNPhA representative by Monday, October 21<sup>st</sup>, 2018 \*\*\***

P1: Josephine Kim    P2: Hager Mohamedein    P3: Kathy Monangai