



STUDENT NATIONAL PHARMACEUTICAL ASSOCIATION

Submission Form for Multiple Membership Applications

*****All Chapters MUST use this form when submitting more than TWO National Membership Applications***

Date: _____ Academic Year: _____

School Name: _____

School Address: _____

Advisor's Name: _____

Telephone: _____ Email: _____

	Description	Quantity	Amount Each	Total
1	Annual Chapter Fee		\$ 45.00	.
2	Application for Pharmacy Student		\$ 35.00	.
3	Application for Non-High School Affiliate		\$ 35.00	.
4	Application for High School Affiliate		\$ 10.00	.
	Check or Money Order Number		TOTAL	\$.

Please be sure that you do the following:

- Ensure that all applications are complete.
- On a separate sheet of paper, list the names of each person for whom you are enclosing a National Membership Application.
- Send ONE check or money order covering membership for all applications submitted and Chapter Fee (if not submitted already).

Mail this form, membership applications and ONE check to:

**SNPhA National Headquarters
University of the Incarnate Word
4301 Broadway CPO #1203
San Antonio, Texas 78209**

Updated: 8/2008