



# STUDENT NATIONAL PHARMACEUTICAL ASSOCIATION

## Petition for Chapter Charter

*We, the undersigned, hereby petition the Executive Committee of the Student National Pharmaceutical Association for a chapter charter for*

\_\_\_\_\_  
**Name of School**

\_\_\_\_\_  
**Date**

*When the Charter is granted, we will be governed by the by-laws, rules and regulations of the Student National Pharmaceutical Association, and agree to promote the it's purpose and objectives.*

President Name

Signature

Vice President Name

Signature

Secretary Name

Signature

Treasurer Name

Signature

Advisor Name

Signature

*PLEASE NOTE: In order to complete the chartering process, this form must be submitted with the Chapter Registration Form, Chapter Certification Letter, your chapter By-laws and \$45 Chapter Fee.*

**Mail all completed forms and fees to:**

SNPhA National Headquarters  
P.O. Box 1203  
Paintsville, KY 41240