



STUDENT NATIONAL PHARMACEUTICAL ASSOCIATION

Chapter Registration Form (For New and Existing Chapters)

*This form must be submitted by October 31st each year.
In addition it should be submitted as an update by May 30th each year.*

Academic Year: 200__ to 200__

Date: _____

Date of Next Election: _____
(month/year)

Please Check all that Apply:

- New Chapter
- Existing Chapter
 - Renewal (October)
 - Update (May)

Chapter Information		
Chapter Name		
Mailing Address		
City	State	Zip
Advisor's Name		
Phone	Fax	Email

Chapter Officers	
President:	
Current Address	Permanent Address
City, State Zip	City, State Zip
Phone	Phone
Email	
President-Elect:	
Current Address	Permanent Address
City, State Zip	City, State Zip
Phone	Phone
Email	
Vice President:	
Current Address	Permanent Address
City, State Zip	City, State Zip
Phone	Phone
Email	

Secretary:	
Current Address	Permanent Address
City, State Zip	City, State Zip
Phone	Phone
Email	
Treasurer:	
Current Address	Permanent Address
City, State Zip	City, State Zip
Phone	Phone
Email	
:	
Current Address	Permanent Address
City, State Zip	City, State Zip
Phone	Phone
Email	
:	
Current Address	Permanent Address
City, State Zip	City, State Zip
Phone	Phone
Email	
:	
Current Address	Permanent Address
City, State Zip	City, State Zip
Phone	Phone
Email	
:	
Current Address	Permanent Address
City, State Zip	City, State Zip
Phone	Phone
Email	

Completed by:	Title:
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New Chapters: Submit this form, along with Chapter Certification Letter, Petition for Student Charter, Chapter Bylaws, and \$45 Chapter Fee in order to activate your chapter.
Renewing Chapters: Submit this form, along with a \$45 Chapter Fee to renew your chapter.

Mail all completed forms and fees to

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