

University of Houston Pre-Pharmacy Association
Membership Form:

Please **neatly print** the requested information in the allotted spaces. All information must be provided on this form. Return completed form to: PPA University of Houston, Campus Activities Box #6 in the Underground UC area or to an active officer.
Please do not leave money in the Campus Activities Box.



Name (Last, First, MI): _____

PeopleSoft Number: _____

Phone Number: _____

Email: _____

Shirt Size: S M L XL

As a member of PPA, I agree to assume full responsibilities of membership, including regular attendance at meetings, executing assignments, participating in committees & projects as requested by the officers, and taking part in organization functions, all to the best of my ability. Since the value of membership in PPA depends on its members, I pledge to abide by the organizational constitution and bylaws, advance the cause of the association, and adhere to the Student Life Policies of the University to the best of my ability, all to increase the value of membership in PPA.

I, _____ hereby swear that I have read the above, agree with, and will abide by the above statements. Violation will result in suspension of membership and may be adequate cause for initiation of disciplinary action, as dictated by University policy.

Applicant's Signature _____

Date _____

Officer Use Only:

Paid

Unpaid