



2009-2010 MEMBERSHIP Application

Please print clearly

Name: _____ Email: _____
College/Year: _____ Phone Number: () _____
Major: _____

1.) How did you hear about us?

- | | |
|-----------------------------------|---------------------------------------|
| <input type="checkbox"/> Flyer | <input type="checkbox"/> Library Walk |
| <input type="checkbox"/> Friend | <input type="checkbox"/> Website |
| <input type="checkbox"/> Facebook | <input type="checkbox"/> Other _____ |

2.) What activities would you like PPS to do?

3.) What pharmacy schools are you interested in?

4.) What do you hope to get out of PPS?

5) If you were in PPS last year, what was your most/least favorite part about PPS?

6.) Other comments/ Suggestions:

****Please turn in completed form and membership fee of \$15 to a PPS Officer.***

For PPS Board Use Only:	
<input type="checkbox"/> Membership Fee Paid	Member #: _____
<input type="checkbox"/> Membership Card Given	Officer Initial: _____