

# American Medical Student Association CSUF Pre-Medical Chapter

MEMBER APPLICATION

**Name (last, first):** \_\_\_\_\_

**CSUF E-mail:** \_\_\_\_\_

**Phone:** ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

**Class Standing:**    Post-Bacc.    Senior    Junior    Sophomore    Freshman

**Expected Graduation Date (Mo/Yr.)** \_\_\_\_\_ **Major(s):** \_\_\_\_\_

**Current Courses enrolled in:**

\_\_\_\_\_  
\_\_\_\_\_

**Please list any volunteer ideas you have or are interested in doing this year.**

\_\_\_\_\_  
\_\_\_\_\_

**What do you hope to gain from participating in AMSA?** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**When are you available on Fridays?** \_\_\_\_\_

Membership Fee (Check One):

\$20 one semester membership

\$40 one year membership

As a member of AMSA CSUF I agree to attend 70% of the meetings per semester and also to take part in 2 events/activities put on by AMSA CSUF. I pledge to maintain the values of a pre-health professional student by always acting in a professional manner and making a difference in my community.

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE RETURN FORM AND PAYMENT TO THE HEALTH PROFESSIONS OFFICE (UH-223) OR TO AN AMSA OFFICER.**

AMSA Officer Use Only: Paid    Enrolled in Rb