**NMSU Pre-Pharmacy Society**

MEMBERSHIP APPLICATION

Submit application to Foster Hall, room 110, or email to: debfranzoy@nmsu.edu

**NAME**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **TODAY'S DATE**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­

**PHONE #**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **NMSU EMAIL**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **BIRTHDATE:** \_\_\_\_\_\_\_\_\_\_\_\_

**AGGIE ID#**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **HIGH SCHOOL**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **YEAR GRADUATED**: \_\_\_\_\_\_\_\_\_\_

 **UNM/NMSU COOPERATIVE PHARMACY STUDENT**  🞏 **EAP STUDENT – Early Assurance Program**

 **NMSU MAJOR**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PERSONAL PHARMACY RELATED INFORMATION**

1. **Where will you apply (or have applied) to pharmacy school?**

 🞏 UNM College of Pharmacy 🞏 Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **When will you apply to pharmacy school:**
 🞏 After the required pre-requisite courses 🞏 After receiving an undergraduate/graduate degree
2. **Have you ever worked or are you currently working in a pharmacy?** 🞏 YES 🞏 NO
If yes, please include pharmacy name, location, dates of employment:
3. **Pharmacy Technician status:** Certified? 🞏 YES 🞏 NO
4. **What topics or guests would you like to have at a future Pre-Pharmacy Society meeting?**