



Contact us at csufshpa@gmail.com

Student Health Professions Association

Member Application

Name (last, first): _____

CSUF Email (for Blackboard): _____

Phone: (____) _____ - _____

Preferred E-mail (if applicable): _____

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

Expected Grad Date (Mo/Year): _____ Major(s): _____

Health Profession(s) of Interest: _____

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

What do you hope to gain from participating in SHPA? _____

What do you want to see from the club this year? (e.g. speakers, tours, social events, etc.)

Would you like to receive text messages about meetings and volunteer events for SHPA?
(Please circle) Yes No

Membership Fee: (cash or check made out to SHPA):

\$30 One year membership + T-shirt

\$20 One year membership

\$20 One semester membership + T-shirt

\$10 One semester membership

\$15 T-shirt

How did you hear about us? _____

As a member of SHPA I pledge to uphold the values of a pre-health professional of compassion, servitude, and hard work and agree to volunteer a total of **5 hours** at SHPA events each semester.

Applicant's Signature: _____

SHPA Officer Use Only: Paid ____ T-shirt size _____ Received T-shirt ____ Enrolled in Bb ____