Pre-Physician Assistant Club

Membership Application 2017-2018

*Please e-mail application to* [*prepaclubatucd@gmail.com*](mailto:prepaclubatucd@gmail.com) *& turn in $15 membership fee at one of our meetings.*

Name:

Year:

Major:

E-mail:

Phone #:

Are you interested in joining any committees? (if yes, check all that apply)

O Fundraising Committee

O Public Relations Committee

How did you hear about us? (check all that apply)

O Facebook

O Orgsync

O Friend

O Other:

What would you like to see most in the club:

O Volunteering opportunities

O Shadowing opportunities

O Physician assistant speakers

O Physician assistant graduate student speakers

O Other:

Please list your T-shirt size:

Other concerns:

\*Note: to be an active club member, you must: turn in your membership application, pay the $5 membership dues, attend at least two meetings per quarter, and attend at least one fundraiser per quarter.

|  |
| --- |
| OFFICER USE ONLY  Date submitted:  Officer signature:  O Paid  O Cash  O Check |