



APP

Association of Pre-Pharmacy

Membership Application

Contact Information:

Name: _____ Cell Phone: _____

Email: _____

Academic Information:

Major: _____ Year at CSULB: _____

Year expected to apply to pharmacy programs: _____

Pharmacy schools you would like to attend and/or receive more information about:

*A GPA of at least 2.0 is required to maintain membership in APP.

Signature: _____ Date: _____