



# TOPPS

THE ORGANIZATION FOR PRE-HEALTH PROFESSIONAL STUDENTS

## Membership Application

### Contact Information:

Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### Academic Information:

Major: \_\_\_\_\_ Year at CSULB: \_\_\_\_\_

Career(s) of Interest:

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Schools you would like to attend for your career(s) of interest / schools you would like to receive more information about:

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\*A membership fee of \$10 is required. It is valid for the Fall 2009 and Spring 2010 semesters.\*

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

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

### **For Officer Use Only:**

Applicant has paid membership fee: YES NO

Date fee received: \_\_\_\_\_

Signature of Officer who received the fee: \_\_\_\_\_