

| AMSA UH Premedical Honors Chapter 2018-2019   |        |        |                  |
|---|--------|--------|------------------|
| APPLICANT INFORMATION   |        |        |                  |
| Full Name (First and Last):   |        |        |                  |
| Gender identifies with: Male _  | _      | Female | PeopleSoft ID:   |
| Date of birth:  | Email: |        | Phone:           |
| EDUCATION   |        |        |                  |
| Freshman Sophomore  |        | Junior | Senior Post-Bacc |
| Major(s): B.S B.A M.S   |        |        |                  |
| Minor(s):   |        |        |                  |
| Cumulative GPA: Expected graduation year:   |        |        |                  |
| Year applying to medical school:  |        |        |                  |
| Free-Response   |        |        |                  |
| Please list any/all volunteer and extracurricular activities you have participated in.  |        |        |                  |
| What kind of opportunities/speakers would you like AMSA UH to provide you?  |        |        |                  |
| MEMBERSHIP  |        |        |                  |
| Type of membership (Payment due by the 3rd GM after application submission, review, and acceptance by AMSA UH): <b>All</b> members <b>must</b> join AMSA National: one time fee of \$75 that lasts 4 years; email screenshot proof upon payment.  AMSA UH semester fee for first time National member: (\$15)  AMSA UH semester fee for returning National member: (\$25) |        |        |                  |
| Have you been an AMSA member before?  Yes No  |        |        |                  |
| Will you be active as a new AMSA member? Yes No   |        |        |                  |
| T-Shirt Size: S M L XL (first one is free) Additional T-shirts are \$15 each:   |        |        |                  |
| SIGNATURES  |        |        |                  |
| I authorize the verification of the information provided on this form is true to the fullest of my knowledge.  By applying for membership and upon acceptance, I authorize that AMSA may use such photographs of me for any lawful purpose, including for example such purposes as publicity, illustration, advertising, marketing and Web content.                       |        |        |                  |
| Signature of applicant (typed):   |        |        | Date:            |
| Signature of Membership Director (only for AMSA's use):   |        |        | Date:            |

Fill out, save as 'First and Last Name' and email this application form to <a href="mailto:AMSA.Houston@qmail.com">AMSA.Houston@qmail.com</a> for review.

Once you have received your acceptance email, you may pay National membership dues at: <a href="https://www.amsa.org/members/join/">https://www.amsa.org/members/join/</a> Upon sending screenshot proof, you may pay UH membership dues at: <a href="http://amsahouston.com/members-area/join-today/">http://amsahouston.com/members-area/join-today/</a>