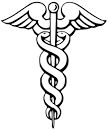
**UNC Pembroke Health Careers Club**

**Membership Application**

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Please fill out this form and return it with cash or check made payable to: UNC Pembroke Health Careers Club. Likewise, turn in this membership form at Pre-Health Club meetings or email any officer for possible alternative meeting times:

**(Membership Fees: $10 for Academic year or $5 for each semester)**

BANNER ID #

Full Name:

Membership Semester (Fall/Spring):

Classification: (FR, SO, JR, SR, 2nd Degree):

Phone Number:

University Email:

Major:

Anticipated Graduation Date (Month/Year):

Pre-Health Program of Choice:

**(Medical School, Pharmacy, Physician Assistant, Nursing, Physical Therapy, Dental, etc.)**

**Contact Email: hcap@uncp.edu**