Student Healthcare Association
(Tax I.D. 311-33-5788)
Application for Membership – Local Chapter

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<tr>
<th>Name:</th>
<th>Advisor:</th>
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Circle one of the following: Undergraduate  Graduate

Expected Graduation Date:

Local Address

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<tr>
<th>Address:</th>
<th>City, State, Zip:</th>
<th>Telephone:</th>
<th>E-mail:</th>
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Permanent Address

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<tr>
<th>Address:</th>
<th>City, State, Zip:</th>
<th>Telephone:</th>
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As a member of SHA, I will abide by the Bylaws of the organization and uphold the Code of Ethics adopted by SHA.

Student Signature:_________________________  Date:___________

Please submit application with membership fee to an SHA officer or Dr. Mkanta. The SHA membership fee is $20 ($10 for the semester only). These local dues are for the academic year and are not prorated.

Application Approved: ______________________  Date: ___/___/___

SHA Advisor

Application Recorded: ______________________  Date: ___/___/___

SHA Secretary

***Please note that in order to be a member of SHA you must meet the following attendance requirements:
- At least one forum (speaking engagement)
- At least two meetings
- At least one extracurricular (volunteer) activity
- Must attend a minimum of FIVE of these meetings and/or events

Fall 2012 Officers:
Paige Montgomery – President  Kapil Dahiya – Vice-President
Rubal Saran – Secretary  Charlotte Jakkula – Treasurer  Sarah Hurley - Activities Leader
Erica Dawkins, Chris McCoy, Courtney Wheatley, Urmila Tokekar - Special Events Coordinators