

Medical Science Society

Membership Application

Fee: \$8.00/semester \$12.00/year

Name: _____ **Date:** _____

E-mail address: _____

Cell phone number: _____

Living on campus (circle): **Yes** **No**

Major(s), emphasis: _____

Minor(s): _____

Year of school: _____

Expected graduation year: _____

Sponsor: Dr. Annette Gabaldon **email:** annette.gabaldon@csupueblo.edu

Phone: 719-549-2213

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