

**Pre-Pharmacy Club at University of Hawaii at Hilo
2007-2008 Membership Form**

Contact Information:

Last Name: _____ First Name: _____ M.I. _____

Date of Birth: _____

Local Address: _____ Permanent Address: _____

Cell Phone: _____ Home Phone: _____

Email Address: _____ Major/Minor: _____

Emergency Contacts:

1-Name: _____ Relationship: _____
Primary Phone: _____ Other Number: _____

2-Name: _____ Relationship: _____
Primary Phone: _____ Other Number: _____

Medical Information:

Doctor: _____ Affiliation: _____
Office Number: _____ Other Number: _____

Medical Problems: _____

Allergies: _____

Medications: _____

Confidentiality Statement

The information disclosed on this form will be kept confidential. Only Officer and Advisors will be allowed access to personal information. Personal information will only be used for official club purposes and emergencies (i.e in emergency situation, medical and safety personnel will be informed of Medical Information)