

# **Application for Membership in HMSA** ***(Healthcare Management Student Association)***

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**Name Prefix**                      **First**                      **Middle**                      **Last**

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**Street Address (While attending USF)**

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**City/State/Zip (While Attending USF)**                      **Phone (While attending USF)**

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**Personal e-mail address**                      **Birth date (Month/Day/Year)**

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**USF e-mail address**                      **USF Student ID Number**

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**Degree or Certificate Program**                      **Department**

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**Degree Program Started (MO./YR.)**                      **Expected Graduation Date (MO./YR.)**

**Please Return All Completed Applications to a HMSA Faculty Advisor**  
**([asear@health.usf.edu](mailto:asear@health.usf.edu)) or ([jlarge@health.usf.edu](mailto:jlarge@health.usf.edu)) in the HPM Department.**