

MDC PHYSICIAN ASSISTANT & NURSING

CLUB



Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Cell: _____

Email Address (school): _____

Student ID: _____

Academic Year: _____ GPA: _____

Major: _____ Academic Audit Report (Please Attach)

What is your t-shirt size: _____ Club Fee: **\$10**

I _____ hereby apply for membership of the **MDC Pre-Physician Assistant & Pre-Nursing Club**, and agree to abide by the laws and rules of the club, including maintaining a 25 point average per semester, in order to sustain my active status in the club.

Applicant's Signature

Date

Note: Email this form and the Academic Audit Report to Dr. Fredy Ruiz fruiz@mdc.edu