

CPFI Student Chapter Application/Update Information Form

This form is to be completed annually then faxed to 561.803.2738 or mailed to Christian Pharmacists Fellowship International at Palm Beach Atlantic University PO Box 24708 West Palm Beach, FL 33416-4708

Name of University: _____

Name of Student Chapter: _____

Name of Advisor(s) plus their mailing address, phone number, and email address: _____

Name of Officers and their phone numbers and email address or addresses:

President: _____

Vice President: _____

Secretary: _____

Treasurer: _____

National Student Council Representative: _____

Other Officer Positions: _____

Chapter Website (if applicable): _____

Chapter Facebook or Myspace Page (if applicable): _____

What is your chapter mission statement or what is the specific role God has for your chapter?

Prayerfully consider the following:

If a member has a desire to serve as a Student Regional Director, provide their name & contact information:

Would your chapter like to lead a CPFI prayer breakfast at a state pharmacy meeting? Yes / Not at this time

Would your chapter like to be partnered with a CPFI student group in another country? Yes / Not at this time

Please feel free to use the following to share any information you would like about your chapter (such as struggles, prayer requests, praises, activities, request supplies, and so forth):

(Your student chapter name) _____

would like to submit this written request to become or remain a CPFI Student Chapter with the CPFI organization for the academic term beginning _____ and ending _____.

Signature of President or Other Key Officer

Date

Signature of Advisor

Date