



LATINO MEDICAL STUDENT ASSOCIATION

LMSA-Plus Chapter Application Form/Chapter Update Form

Applying For New Chapter

Updating Chapter Information

School/Chapter Name

Chapter Address

City

State

Zip

Chapter Email

LMSA Host Medical School (if affiliated)

Chapter President's Name

President's ID #

President's Personal E-Mail

Chapter Advisor's Name

Department

Advisor's Personal E-Mail

School Official's Name

Department

School Official's Signature

Date

School Seal

President's Signature

Date

LMSA Official's Signature

Application Status

(Place School Seal Here)

(Official Use Only)