

# Membership Application

DATE



## THREE WAYS TO JOIN!

**Online** www.ashp.org  
**Phone** 866-279-0681  
**Mail** ASHP Payment Center  
P.O. Box 17693  
Baltimore, MD 21297

Join ASHP  
online and  
save 5%!

Enter discount  
code "SAVE5."

## ASHP MEMBERSHIP CATEGORIES

Please choose one.

- Active Full Member (A) \$235**  
For pharmacists who are licensed to practice in the United States and its Territories.
- Supporting Associate\* (SA) \$235**  
For non-pharmacist who support the mission of ASHP.
- International Associate\* (IA) \$235**  
For pharmacists and non-pharmacists interested in pharmacy who reside outside the United States and its Territories and are not U.S. citizens. Airmail service outside the U.S. and Canada is available for an additional \$182 per membership year.
- Joint Member/Spouse (J) \$365 (\$235 + \$130)**  
One spouse pays full member dues; the other pays a reduced rate.
- Technician w/AJHP® Subscription\* (TJ) \$180**  
For individuals involved in pharmacy support roles. Includes an AJHP® subscription.
- Technician\* (T) \$70**  
For individuals involved in pharmacy support roles.
- Retired (R) \$82**  
*Retirement date required:* \_\_\_\_\_  
For previous Active Full Members age 65 and older.

*Graduation date required for any box checked below.*

- Student(s)\* (S) \$35** *Graduation Date:* \_\_\_\_\_  
For individuals enrolled in a full-time undergraduate or graduate pharmacy program in an accredited U.S. college of pharmacy.

*For New Practitioners in the 1st through 5th year after graduation, please check box below:*

- New Practitioner, 1st yr.** (G1) \$82 *Date:* \_\_\_\_\_
- New Practitioner, 2nd yr.** (G2) \$148 *Date:* \_\_\_\_\_
- New Practitioner, 3rd yr.** (G3) \$194 *Date:* \_\_\_\_\_
- New Practitioner, 4th yr.** (G4) \$235 *Date:* \_\_\_\_\_
- New Practitioner, 5th yr.** (G5) \$235 *Date:* \_\_\_\_\_

\* Non-voting membership categories.

## NEW MEMBER PROFILE *Please print or attach your business card.*

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_

Title/Position \_\_\_\_\_

Business/School Name \_\_\_\_\_

Business/School Address \_\_\_\_\_

City/State/Province/Zip/Country \_\_\_\_\_

Business Phone \_\_\_\_\_ Business Fax \_\_\_\_\_

Home Address \_\_\_\_\_

City/State/Province/Zip/Country \_\_\_\_\_

Home Phone \_\_\_\_\_ Home Fax \_\_\_\_\_

Preferred Mailing Address  Home  Business/School

Preferred E-mail Address \_\_\_\_\_

Preferred State for House of Delegates elections, if different than preferred mailing address

*Providing your e-mail address allows you to receive timely updates on ASHP and pharmacy-related news and information. ASHP does not sell or distribute e-mail addresses of members.*

Recruiter's ID# and Name \_\_\_\_\_

## ASHP SECTION(S)

Section membership is included at no additional charge to all members. You may join as many Sections as you wish, with full access to the specialized news, information and services of each. **If you choose more than one Section, please indicate your preferred Primary Section in the space provided.** In your Primary Section, you'll enjoy voting privileges for electing Section leadership and other matters concerning elected positions.

SECTION I WISH TO JOIN	MY PRIMARY SECTION
<input type="checkbox"/>	<input type="checkbox"/> Section of Clinical Specialists and Scientists <sup>SM</sup>
<input type="checkbox"/>	<input type="checkbox"/> Section of Home, Ambulatory, and Chronic Care Practitioners <sup>SM</sup>
<input type="checkbox"/>	<input type="checkbox"/> Section of Inpatient Care Practitioners <sup>SM</sup>
<input type="checkbox"/>	<input type="checkbox"/> Section of Pharmacy Practice Managers <sup>SM</sup>
<input type="checkbox"/>	<input type="checkbox"/> Section of Pharmacy Informatics and Technology <sup>SM</sup>

## PAYMENT OPTIONS

**New!** Pay dues on a monthly basis with a credit or debit card. You will be charged monthly for 1/12 of the membership fee. If your membership cycle is more than 12 months, your dues will be divided by the number of months in your cycle beginning the month you join. To participate in automatic monthly billing, provide your credit or debit card number and agree to the terms below.

METHOD OF PAYMENT: *(Please choose one.)*

- Annual Payment**  **Monthly Payment\***

All payments must be drawn on a U.S. bank in **U.S. dollars** only. Make all checks payable to ASHP.

ASHP Membership Total \$ \_\_\_\_\_

Airmail Service *(optional for International Associates only—add \$182)* \$ \_\_\_\_\_

**TOTAL PAYMENT** \$ \_\_\_\_\_

Check is enclosed for \$ \_\_\_\_\_

U.S. purchase order # \_\_\_\_\_ attached; please issue invoice.

Charge to my:  VISA  MasterCard  Discover  American Express

Account # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature *(required)* \_\_\_\_\_

\* **TERMS FOR MONTHLY PAYMENT:** I authorize ASHP to charge my credit/debit card as indicated for my membership dues payment. For monthly billing, my credit card will be charged one twelfth (1/12) the annual dues fee each month by ASHP. This authorization to charge my credit card will continue until I e-mail ASHP, [custserv@ashp.org](mailto:custserv@ashp.org), to discontinue.

Signature *(required)* \_\_\_\_\_ Print name \_\_\_\_\_

ASHP strongly encourages membership in ASHP's affiliates. For more information on the affiliate nearest you, visit us online at [www.ashp.org](http://www.ashp.org) or call 301-664-8607.