

Membership Application

DATE



FOUR WAYS TO JOIN!

Online www.ashp.org
Phone 866-279-0681
Fax 301-657-1251
Mail ASHP Payment Center
P.O. Box 17693
Baltimore, MD 21297

ASHP Membership Categories

Please choose one.

- Active Full Member \$315**
For pharmacists who are licensed to practice in the United States and its Territories.
- Supporting Associate* \$315**
For non-pharmacists who support the mission of ASHP.
- International Associate* \$315**
For pharmacists and non-pharmacists interested in pharmacy who reside outside the United States. Expedited mail service outside the U.S. & Canada is available for an additional \$68 per membership year.
- Joint Member/Spouse \$473. (\$315 + \$158)**
One spouse pays full member dues; the other pays a reduced rate.
- Technician* \$79**
For individuals involved in pharmacy support roles. Includes subscriptions to PharmacyTechCE.org and AJHP.org.
- Retired \$158**
For previous Active Full Members age 65 and older.
- Resident/New Graduate \$79**
Graduation Date: _____
For first year post graduate members and individuals participating in a post graduate year one or two residency or Fellowship.
- Student(s)* \$50**
Graduation Date: _____
For individuals enrolled in a full-time undergraduate or graduate pharmacy program in an accredited U.S. college of pharmacy.

*Non-voting membership categories.

ASHP strongly encourages membership in an ASHP state affiliate organization. For more information on the state affiliate nearest you, check online at: ashp.org/StateAffiliates.

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 _____
Graduation Date (mm/yyyy) _____

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 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 SM
<input type="checkbox"/>	<input type="checkbox"/> Section of Ambulatory Care Practitioners SM
<input type="checkbox"/>	<input type="checkbox"/> Section of Inpatient Care Practitioners SM
<input type="checkbox"/>	<input type="checkbox"/> Section of Pharmacy Practice Managers SM
<input type="checkbox"/>	<input type="checkbox"/> Section of Pharmacy Informatics and Technology SM

PAYMENT OPTIONS

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 \$68)	\$
TOTAL PAYMENT	\$

- Check is enclosed for \$ _____
 U.S. Purchase Order # _____ attached. Please issue an 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, to discontinue.

Signature (required) _____ Print Name _____

Annual active membership dues are \$315, of which \$205 is for a subscription to AJHP®. A portion of the ASHP dues is not deductible as an ordinary and necessary business expense to the extent that ASHP engages in certain lobbying activities. For U.S. tax returns, the non-deductible portion of ASHP dues for 2017 is 10%. Payments to ASHP are not deductible as charitable contributions for federal income tax purposes. However, they may be deductible under other provisions of the Internal Revenue Code. © 2017 American Society of Health-System Pharmacists®. **Prices Subject to Change.**