

MEMBERSHIP APPLICATION



FOUR WAYS TO JOIN

Online: www.ashp.org/join

Phone: 866-279-0681

Fax: 301-657-1251

Mail: ASHP Payment Center
PO Box 38061
Baltimore, MD 21297-8061

ASHP Membership Categories

Please choose one.

Active Full Member

\$335 or less than \$28 a month

For pharmacists who are licensed to practice in the United States and its Territories.

New Practitioner

Resident or 1st Year new Graduate

\$84, or \$7 a month

2nd Year Post-graduate, Non-Resident

\$168, or \$14 a month

Student

1 Year - \$54 or less than \$5 a month

2 Years - \$95 (Save \$11)

3 Years - \$140 (Save \$19)

4 Years - \$185 (Save \$27)

(Required: Please fill in Month/Year)

Graduation Date: _____

For individuals enrolled in a full-time undergraduate or graduate pharmacy program in an accredited U.S. college of pharmacy.

Technician*

\$54 or less than \$5 a month

For individuals involved in pharmacy support roles. Includes subscriptions to PharmacyTechCE.org and AJHP.

Retired

\$168, or \$14 a month

For previous Active Full Members age 65 and older.

International Associate*

\$335 or less than \$28 a month

For pharmacists and non-pharmacists interested in pharmacy who reside outside the United States.

Supporting Associate*

\$335 or less than \$28 a month

For non-pharmacists who support the mission of ASHP.

Joint Member/Spouse

\$503 (\$335 + \$168)

One spouse pays full member dues; the other pays a reduced rate.

*Non-voting membership categories.

NEW MEMBER PROFILE

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 Ambulatory Care Practitioners SM
<input type="checkbox"/>	<input type="checkbox"/>	Section of Clinical Specialists and Scientists SM
<input type="checkbox"/>	<input type="checkbox"/>	Section of Inpatient Care Practitioners SM
<input type="checkbox"/>	<input type="checkbox"/>	Section of Pharmacy Informatics and Technology SM
<input type="checkbox"/>	<input type="checkbox"/>	Section of Pharmacy Practice Leaders SM
<input type="checkbox"/>	<input type="checkbox"/>	Section of Specialty Pharmacy Practitioners SM

ASHP SECTION(S)

Pay dues on a monthly basis with a credit or debit card. You will be charged monthly for 1/12 of the membership fee. 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 _____ \$ _____

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 _____

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

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 2020 is 19%. Payments to ASHP are not deductible as charitable contributors for federal income tax purposes. However, they may be deductible under other provisions of the Internal Revenue Code. ©2020 American Society of Health-System Pharmacists®. Prices subject to change.