

Student Membership Application



THREE WAYS TO JOIN!

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

Membership Category

Student

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

As an ASHP member, you'll enjoy these benefits and services:

Professional Development and Career Growth

- **Midyear Clinical Meeting**
Student member registration rate for the premier educational meeting in pharmacy.
- **AJHP®**
The leading journal in pharmacy.
- **CareerPharm®**
Our online career service.
- Information on ASHP-accredited residency programs.
- Discount on world-class publications and software products.
- *ASHP InterSections* member magazine.

Member Communities

- Student web page at www.ashp.org/students.
- Electronic *NewsLink*.
- Networking opportunities online and at national meetings.
- An organized voice to create change.

Professional Services and Resources

- Publication of member-developed practice standards.
- An established public relations and outreach program.
- Cutting-edge research and education through the ASHP Foundation.
- Energetic, effective advocacy.
- Numerous leadership and involvement opportunities.

ASHP strongly encourages your membership in an ASHP state affiliate organization. For more information on the state affiliate nearest you, check online at ashp.org/menu/StateAffiliates/AffiliateDirectory to locate contact information for your state organization.

DATE

1. STUDENT MEMBER PROFILE *Please print or join online at www.ashp.org.*

Last Name _____ First Name _____ M.I. _____
School Name _____ Date of Graduation (required) _____

YOUR SCHOOL ADDRESS:

Street Address _____
City/State/Province/ZIP/Country _____

YOUR ADDRESS AT HOME:

Street Address _____
City/State/Province/ZIP/Country _____

Home Phone _____ Home Fax _____

Preferred Mailing Address Home School _____

Preferred E-mail Address _____ Alternate E-mail 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.

2. ASHP SECTION(S)

You automatically become a member of the ASHP Pharmacy Student ForumSM. To connect with professionals already in a specific practice area, you can also join one or more Sections. Section membership is **FREE** 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.

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

3. 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.)*

- 2016 Monthly Payment—\$4.08*** (See below for terms.)
- 2016 Annual Payment—\$49**
- 2017 Monthly Payment—\$4.17*** (See below for terms.)
- 2017 Annual Payment—\$50**

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

Charge to my: VISA MasterCard Discover American Express

Account # _____ Exp. Date Signature (required) _____

Check is enclosed for \$ _____

U.S. Purchase Order # _____ attached; Please issue an invoice.

***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)* _____ Please Print Name _____

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 2016 is 40%. 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. **Prices Subject to Change.**