



pharmacists advancing healthcare®

MEMBERSHIP APPLICATION

STUDENT INFORMATION

Last Name _____ First Name _____ Middle Initial _____
Name _____
Name of School _____
Planned Graduation Year _____ Phone _____
School Email Address _____
Personal Email Address _____
Preferred Mailing Address: _____
City _____ State _____ ZIP _____

ASHP Member Number-for renewing members only (optional)* _____

*To find your ASHP member number please log in to your ASHP account > My Account > Membership Details

ASHP SECTIONS – ALL STUDENTS

All students are automatically enrolled in the ASHP Pharmacy Student Forum which provides access to information and resources curated specifically for our student members.

You may also choose to join as many ASHP Member Sections as you wish – at no additional charge – to gain 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 below.

ASHP SECTION	PRIMARY SECTION SELECT ONLY ONE	OTHER SECTIONS I WISH TO JOIN: SELECT ALL THAT APPLY
Section of Ambulatory Care Practitioners	<input type="radio"/>	<input type="checkbox"/>
Section of Clinical Specialists and Scientists	<input type="radio"/>	<input type="checkbox"/>
Section of Inpatient Care Practitioners	<input type="radio"/>	<input type="checkbox"/>
Section of Pharmacy Informatics and Technology	<input type="radio"/>	<input type="checkbox"/>
Section of Pharmacy Practice Leaders	<input type="radio"/>	<input type="checkbox"/>
Section of Specialty Pharmacy Practitioners	<input type="radio"/>	<input type="checkbox"/>

METHOD OF PAYMENT

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.

☐ 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 \$72) \$ _____

TOTAL PAYMENT\$ _____

☐ Check or money order payable to ASHP is enclosed.

☐ Charge \$ _____ to my: ☐ MasterCard ☐ VISA ☐ American Express ☐ DiscoverCard

Card # _____ Exp. Date _____

Signature _____

***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 e-mail ASHP, custserv@ashp.org, to discontinue.

Signature _____ Print Name: _____

MEMBERSHIP OPTIONS

PLEASE SELECT ONLY ONE OF THE OPTION BELOW:

FIRST YEAR PHARMACY STUDENT ONLY:

MEMBERSHIP OPTION

- ☐ **P1 Introductory Membership* – No Cost to Student**
**Membership option only available to students in their first year of pharmacy professional studies; membership option subject to verification*

RETURNING PHARMACY STUDENT ONLY

MEMBERSHIP STATUS

- ☐ New ASHP Member
☐ Renewing ASHP Member

PLEASE SELECT ONLY ONE OF THE OPTION BELOW:

ANNUAL MEMBERSHIP OPTIONS

- ☐ **1 Year Membership**
Pay \$54 today for membership through 12/31/2021
- ☐ **Monthly Payment Option:**
Spread payments out over the year (less than \$5/month)

MULTI-YEAR MEMBERSHIP OPTIONS

- ☐ **2 Year Membership: SAVE \$13!**
Pay \$95 today for membership through 12/31/2022 (available for graduation dates no sooner than 2022)
- ☐ **3 Year Membership: SAVE \$22!**
Pay \$140 today for membership through 12/31/2023 (available for graduation dates no sooner than 2023)

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. © 2020 American Society of Health-System Pharmacists®. All Rights Reserved. Prices Subject to Change.