

## Membership Application

### Contact Information- Please print all information

Name: \_\_\_\_\_ Sponsor: \_\_\_\_\_  
 Degree(check all that apply):  PharmD  BS  FASHP  MBA  CPhT  Other  
 Institution: \_\_\_\_\_  
 Job Title: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_

Home Address	Work Address
Street _____	Street _____
City _____	City _____
State _____	State _____
Zip _____	Zip _____
Phone _____	Phone _____
Fax _____	Fax _____
Email _____	Email _____

Preferred BILLING address:  Home  Work  
 Preferred MAILING address:  Home  Work

**Membership Dues (Check one)**

<input type="checkbox"/> Active . . . . . \$155	<input type="checkbox"/> Associate Supporting . . . . . \$155
<input type="checkbox"/> Technician . . . . . \$43	<input type="checkbox"/> Retired . . . . . \$88
<input type="checkbox"/> Pledge . . . . . \$88	<input type="checkbox"/> Student / Resident . . . . . \$28
<input type="checkbox"/> Joint . . . . . \$251	School _____

**Chapter Membership**  
*Membership in PSHP includes membership in ONE of the affiliated regional chapters. Please check the chapter you wish to join. Multiple chapter memberships are available at an additional \$12 per chapter*

<input type="checkbox"/> Bux-Mont (BMPSP) – Bucks, Montgomery County	<input type="checkbox"/> Southcentral (SCPSHP) – Altoona, Johnstown
<input type="checkbox"/> Western (WPSHP) – Greater Pittsburgh area	<input type="checkbox"/> Northeastern (NEPSHP) – Wilkes-Barre, Scranton
<input type="checkbox"/> Delaware Valley (DVPSHP) – Greater Philadelphia	<input type="checkbox"/> Northwestern (NWPSHP) – Erie, Meadville, Clarion
<input type="checkbox"/> Southeastern (SEPSHP) – Reading, York, Lancaster, Harrisburg	<input type="checkbox"/> Northcentral (NCPSHP) – Danville, Williamsport, State College
<input type="checkbox"/> Mideastern (MEPSHP) – Allentown, Bethlehem, Easton	

**Pharmacy practice setting (select ONE):**  
 Hospital  Home Care  Ambulatory/Outpatient  Academia  Long Term Care  Industry

**Practice interest areas (select TWO)**  
 Administrative  Oncology  Nutrition Support  Community  General Clinical  Ambulatory Care  
 Pediatrics  Managed Care  Industry  IV Therapy  Geriatrics  Infectious Disease  Cardio/Critical Care  
 Psychopharmacy

Membership Total	Payment
Fees Membership dues \$ _____	Credit Card
First chapter affiliation \$ FREE	<input type="checkbox"/> Mastercard <input type="checkbox"/> Visa <input type="checkbox"/> Amer Express
Additional chapter affiliations: _____ x \$12 = \$ _____	Card # _____
<b>Total Payment</b> \$ _____	Exp# _____
	Signature _____

**TO APPLY ONLINE OR FIND OUT MORE ABOUT MEMBERSHIP BENEFITS GO TO [www.pshp.org](http://www.pshp.org)**