

Texas Society of Health-System Pharmacists and Component Chapters

MEMBERSHIP APPLICATION



Please print

First Name: _____ Middle Name/Initial: _____ Last Name: _____

Preferred E-Mail address: _____

Pharmacy Practice Setting (select one):

- Academia
 Clinic
 Community
 Consultanting
 DoD/VA
 Govt. Agency
 HMO/Managed Care
 Home Health Care
 Hospital/Health-System
 Legal System
 Long Term Care
 Mail Order
 Manufacturer/Wholesaler
 Nuclear
 Retired
 Unemployed
 Other: _____

Home Information:

Address: _____

City, State, Zip: _____

Phone: (_____) _____

Practice Information:

Company: _____

Primary Position:

- Vice President
 Director, Manager of PIC
 Other Supervisor
 Clinical Coordinator
 Clinical Pharmacist
 Staff Pharmacist
 Dean, Assoc. Dean or Dept. Chair
 Professor/Other Educator
 Industry Pharmacist
 Industry Rep
 Attorney
 Consultant
 Resident
 Student
 Technician

Other: _____

Address: _____

City, State, Zip: _____

Phone: (_____) _____ Ext. _____

Fax: (_____) _____ Cell: (_____) _____

Preferred **Mailing** Address: Business Home
 Unless checked above, will default to home address.

- Austin Area (Austin Area SHP) -- AASHP
 San Antonio (Central Texas SHP) - CTSHP
 Waco / Temple Area (Heart of Texas SHP) - HOTSHP
 Houston / Galveston Area / Southeast Texas / Beaumont / Port Arthur
 (Gulf Coast SHP) - GCSHP

Membership Type:

	TSHP	Local
<input type="checkbox"/> Pharmacist	\$120.00	*
<input type="checkbox"/> Pharmacist First Time**	\$ 60.00	*
<input type="checkbox"/> Associate (non-pharmacist)	\$120.00	*
<input type="checkbox"/> Retired (inactive license)	\$ 60.00	*
<input type="checkbox"/> Joint Spouse Members+	\$ 60.00	*
Spouse Name: _____		
<input type="checkbox"/> Resident/Fellow	\$ 75.00	*
<input type="checkbox"/> Technician	\$ 40.00	*

*Refer to Component Chapter Dues Amounts Listing on Back

**Only applies to new graduates

+When accompanied by a full, spouse membership.

Your TSHP Membership Investment:

Dues Amount (from above):

TSHP \$ _____

Local Chapter \$ _____ Chapter _____
 (See below)

Total Payment ♦ \$ _____

♦ I ___ do ___ do not approve of \$5 of my dues being contributed to TSHP PAC (non-corporate funds only).

Credit card MasterCard Visa AmEx Discover

Card # _____ Exp. _____

Signature: _____

- El Paso Area (El Paso Area SHP) - EPASHP
 Lubbock Area (Lubbock SHP) - LASHP
 Dallas / Fort Worth Area (Metroplex SHP) - MSHP
 Amarillo Area (Panhandle SHP) - PSHP

Component Chapter Dues Amounts

CATEGORY	AASHP	CTSHP*	EPASHP	GCSHP	HOTSHP	LASHP	MSHP	PSHP
Active	25	30*	50	30	20	30	30*	25
Associate	25	30*	20	30	10	30	30*	10
Resident	15	15*	10	15	10	15	20*	25
Student	15	15*	15	15	15	15	15*	15
Technician	15	15*	20	15	10	15	20*	10

3000 Joe DiMaggio #30-A, Round Rock, TX 78665-3994

Phone (800) 242-8747 - Fax (512) 852-8514

Join online at www.tshp.org/Membership/Join TSHP

* TSHP and CTSHP/MSHP require individuals to be members of BOTH the local and state organization.