

Texas Society of Health-System Pharmacists and Local Chapters

MEMBERSHIP APPLICATION

Please Print or Join online at www.tshp.org/Membership/Join TSHP



Contributions or gifts to the Texas Society of Health-System Pharmacists are not tax deductible as charitable contributions for income tax purposes. However, they may be deductible as ordinary and necessary business expenses subject to restrictions imposed as a result of association lobbying activities. TSHP estimates that the non-deductible portion of your dues, the allocated portion to lobbying, is 50%.

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

Preferred E-Mail Address: _____

Pharmacy Practice Setting (select one):

- Academia Clinic Community
- DoD/VA Govt. Agency HMO/Managed Care
- Home Health Care Hosp./Health-System Legal System
- Long Term Care Manufacturer/Wholesaler Retired
- Other: _____

Home Information:

Address: _____

City, State, Zip: _____

Phone: _____

Practice Information:

Company: _____

Primary Position:

- Chief Pharmacy Officer Director Assist. Director
- Clinical Pharmacist Staff Pharmacist Clinical Coordinator
- Faculty Industry Rep Consultant
- Resident Technician Vice President

Other: _____

Address: _____

City, State Zip: _____

Phone: _____

Fax: _____ Cell: _____

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

Year of Original Licensure/Registration: _____

Optional Section Membership (No Additional Cost):

- New Practitioner Section Pharmacy Management Section
- Industry Section Technician Section
- Student Section

Membership Preferences:

- I do not wish to receive the free electronic newsletter - TSHP E-News.
- I do not wish to receive information about seminars, education, or other TSHP opportunities.
- I do not approve of \$5 of my dues being contributed to TSHP PAC (non-corporate funds only).

Contributions:

I would like to contribute \$ _____ to:

- TSHP PAC TSHP Building Fund
- R&E Foundation (if there is a particular fund which you wish to donate, please indicate): _____

Membership Dues: (includes one local chapter membership)*

- Pharmacist \$ 160
- Industry Associate (non-pharmacist)*** \$ 95
- Retired (inactive license)..... \$ 95
- New Practitioner** \$ 80
- Technician*** \$ 50
- Joint Spouse Member + \$ 95

Spouse Name: _____

** - Only applies to new pharmacists within the first 3 years of graduation
 *** - Includes one complimentary Local Chapter membership (indicate below)
 + - When accompanied by a full, spouse membership

Local Chapters: Please indicate your chapter preference.

Additional chapter memberships may be purchased at the indicated rates.

- Austin Area - AASHP Corpus Christi/Kingsville Area - CBSHP
- San Antonio - CTSHS Houston/Galveston/SE Texas - GCSPH
- Dallas/Fort Worth Area - MSHP Harlingen/McAllen Area - RGVSHS

* - Members who live in the following areas may decline local chapter membership and deduct the local membership fee detailed below.

- El Paso Area - EPASHP Tyler/Longview - ETSHP
- Waco/Temple Area - HOTSHP Lubbock Area - LASHS
- Amarillo Area - PSHP Abilene Area - WTSHP

Local Chapter Dues	
CATEGORY	RATES
Pharmacist	\$ 30
Associate	\$ 30
New Practitioner	\$ 15
Technician	\$ 15

Your Membership Investment:

Dues Amount (from above):

TSHP \$ _____

Local Chapter Opt-Out \$(-) _____

Additional Local Chapter \$ _____

Contributions \$ _____

TOTAL PAYMENT \$ _____

Card #: _____

Exp. _____ CVV/Security Code: _____

Billing Address: _____

City, State, Zip Code: _____

Phone: _____

Signature: _____

RETURN PAYMENT WITH THIS FORM TO:
 TSHP, 3000 Joe DiMaggio #30-A, Round Rock, TX 78665-3994 | Phone: (800) 242-8747 | Fax: (512) 852-8514