MEMBERSHIP APPLICATION

FOUR WAYS TO JOIN

Online: www.ashp.org/join
Phone: 866-279-0681
Fax: 301-657-1251
Mail: ASHP Payment Center
PO Box 38061
Baltimore, MD 21297-8069

ASHP Membership Categories

Please choose one:

❑**Active Full Member $355**
For pharmacists who are licensed to practice in the United States and its Territories.

❑**New Practitioner**
Resident or 1st Year New Graduate
$89
2nd Year Post-graduate, Non-resident
$178

Student*
❑**P1 Year - $0**
❑**P2-P4 Year - $57**
(Requred: Please fill in Month/Year)
Graduation Date:_____
For individuals enrolled in a full-time undergraduate or graduate pharmacy program in an accredited U.S. college of pharmacy.

❑**TPTS Technician* $57**
Membership to The Pharmacy Technician Society (TPTS), with dual technician membership to ASHP. Includes subscription to AJHP and PharmacyTechCE.org.

❑**Retired $178**
For previous Active Full Members age 65 and older.

❑**International Associate* $355**
For pharmacists and non-pharmacists interested in pharmacy who reside outside the United States.

❑**Supporting Associate* $355**
For non-pharmacists who support the mission of ASHP.

❑**Joint Membership/Spouse**
$533 ($355 + $178)
One spouse pays full member dues, the other pays a reduced rate.

***Non-voting membership categories.**

ASHP strongly encourages membership in an ASHP state affiliate organization. For more information on state affiliate nearest you, visit www.ashp.org/StateAffiliates.

NEW MEMBER PROFILE

Last Name_____ First Name_____M.I._____

Title/Position_____

Business/School Name_____

Business/School Address_____

City/State/Zip/Province/Country_____

Business Phone_____

Home Address_____

City/State/Zip/Province/Country_____

Home Phone_____Graduation Date (mm/yyyy)_____

Preferred Mailing Address_____

Preferred Email Address_____
Providing your email address allows you to receive timely updates on ASHP and pharmacy-related news and information.

What race or ethnicity best describes you? ❑ American Indian or Alaska Native ❑ Asian ❑ Black or African American ❑ Hispanic or Latino ❑Native Hawaiian or other Pacific Islander ❑ White ❑ Two or More Races ❑Prefer Not to Answer

What is your gender? ❑ Female ❑ Male ❑ Nonbinary ❑Gender non-conforming ❑ Prefer Not to Answer

ASHP SECTION(S)

Section membership is included at no additional charge 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. In your Primary Section, you'll enjoy voting priviliges for electing Section leadership and other matters concerning elected positions.

SECTION(S) I WISH TO JOIN	MY PRIMARY SECTION	
❑	❑	Section of Ambulatory Care Practitioners
❑	❑	Section of Clinical Specialists and Scientists
❑	❑	Section of Community Pharmacy Practitioners
❑	❑	Section of Digital and Telehealth Practitioners
❑	❑	Section of Inpatient Care Practitioners
❑	❑	Section of Pharmacy Educators
❑	❑	Section of Pharmacy Informatics and Technology
❑	❑	Section of Pharmacy Practice Leaders
❑	❑	Section of Specialty Pharmacy Practitioners

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 partcipate in automatic monthly billing provide your credit or debit card number and agree to the terms below.

Method of Payment: (Please choose one) ❑ 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 Member Total $_____

TOTAL PAYMENT $_____

❑Check enclosed for $_____ ❑ U.S. Purchase Order attached. Please issue an invoice.
❑Charge to my: ❑ VISA ❑ MasterCard ❑ Discover ❑ American Express

Account #_____Expiration Date_____Signature (Required)_____

By signing below, I authorize ASHP to charge my credit/debit card as indicated for my full membership dues payment. If monthly billing is selected, my credit card will be charged one twelfth (1/12) the annual dues fee each month by ASHP until final payment is received. Per ASHP's membership terms and conditions, this authorization to charge my credit card will continue until I e-mail ASHP, custserv@ashp.org to discontinue my enrollment at which time I understand any remaining balance will be due in full.

Signature (Required)_____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 2024 is 17%. Payments to ASHP are not deductible as charitable contributors for federal income tax purposes. However, they may be deductible under other provisions of the Internal Revenue Code.