MEMBERSHIP APPLICATION

ASHP MEMBERSHIP CATEGORIES

Please choose one:

☐ **Active Full Member $375**
For pharmacists who are licensed to practice in the United States and its Territories.

☐ **New Practitioner Resident or 1st Year New Graduate $94**
2nd Year Post-graduate, Non-resident **$188**

Student*
☐ P1 Year - $0
☐ P2-P4 Year - $60
(Required: 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* $60**
Membership to The Pharmacy Technician Society (TPTS), with dual technician membership to ASHP. Includes subscription to AJHP and PharmacyTechCE.org.

☐ **Retired $188**
For previous Active Full Members age 65 and older.

☐ **International Associate* $375**
For pharmacists and non-pharmacists interested in pharmacy who reside outside the United States.

☐ **Supporting Associate* $375**
For non-pharmacists who support the mission of ASHP.

☐ **Joint Membership/Spouse $553 ($365 + $188)**
One spouse pays full member dues, the other pays a reduced rate.

***ASHP non-voting membership category.**

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

NEW MEMBER PROFILE

Name _____
FIRST *MIDDLE* *LAST*

Title/Position _____

Business/School Name _____

Business/School Address _____
STREET

_____
CITY *STATE* *ZIP*

Home Address _____
STREET

_____
CITY *STATE* *ZIP*

Business Phone _____ Home Phone _____

Preferred Mailing Address _____

Preferred Email Address _____ Graduation Date (mm/yyyy) _____

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

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	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

PAYMENT OPTIONS

Online: Join and pay online at ashp.org/join. Members can pay by credit card, establish a monthly payment plan, or enroll in annual autorenewal directly through the online portal.
Phone: To pay by credit card, establish a monthly payment plan, or enroll in annual auto-renewal, call 1-866-279-0681.
Mail: For a one-time membership payment by check, mail your application and payment to:
American Society of Health-System Pharmacists
PO Box 38069
Baltimore, MD 21297-8061

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 2026 is 20%. 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. *©2026 American Society of Health-System Pharmacists®. Prices subject to change.*