MEMBERSHIP APPLICATION

THREE WAYS TO JOIN

Online: ashp.org/join
Phone: 866-279-0681
Mail: ASHP Payment Center
PO Box 38069
Baltimore, MD 21297-8069

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.

***Non-voting membership categories.**

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

Pay dues on a monthly or annual basis with a credit or debit card. To participate in automatic billing, provide your credit or debit card number and agree to the terms below.

METHOD OF PAYMENT: ***(Please choose one)***

☐ Annual Auto Renewal ☐ Monthly Payment ☐ One-time Annual 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 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.