

# Texas Student Society of Health-System Pharmacists Membership Application

(Please Print - All fields are required)

- New

- Renewal Application

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Last

First

Middle

- Texas A&M University

- Texas Southern University

- Texas Tech University

- University of the Incarnate Word

- University of Texas

Preferred E-Mail address: \_\_\_\_\_

- M

- F

Preferred Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

School/Home Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Anticipated Date of Graduation (Month/year): \_\_\_\_\_

Date of birth: \_\_\_\_\_

## MEMBERSHIP DUES:

Student Society of Health-System Pharmacists  
(TAMU, TSU, TTUHSC, UIW, UT)

\$10

Texas and Local Society of Health-System Pharmacists\*

\$25

American Society of Health-System Pharmacists\*\*

\$41 (\$42 after 12/31/11)

## TOTAL PAYMENT:

\$76 (\$77 after 12/31/11)

Make checks payable to \_\_\_\_\_ Student Society of Health-System Pharmacists.

\*For TSHP local chapter assignment, please indicate your preferred local chapter location:

- Amarillo

- Austin

- DFW

- El Paso

- Houston/Galveston

- Lubbock

- San Antonio

- Temple/Waco

- Tyler

- Corpus Christi

- Harlingen/McAllen

\*\*If you are renewing ASHP membership, please indicate your member ID# \_\_\_\_\_

ASHP Membership includes an ASHP Section at no additional charge. Please indicate which section(s) you wish to join:

- Section of Home, Ambulatory and Chronic Care Practitioners

- Section of Pharmacy Practice Managers

- Section of Clinical Specialists and Scientists

- Section of Inpatient Care Practitioners

- Section of Pharmacy Informatics and Technology.

Please allow up to 3 weeks for processing after your application has been received by ASHP.