University of Pittsburgh School of Pharmacy

Student Society of Health System Pharmacists (SSHP)

**Membership Application 2017-2018**

Today’s Date \_\_\_\_\_\_\_\_\_\_\_

Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ M.I.\_\_

Date of Graduation (Year)\_\_\_\_\_\_\_\_\_\_\_\_\_

Your SCHOOL Address:

 Street Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 City/State/Province/ZIP/County

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Your HOME Address:

 Street Address

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 City/State/Province/ZIP/County

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred Mailing Address (circle one): Home or School

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred E-mail Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Providing your e-mail address allows you to receive timely updates on ASHP and pharmacy-related news and information. ASHP does not sell or distribute e-mail addresses of members.*

STUDENT ANNUAL MEMBERSHIP DUES 2016-2017 Check all that apply:

Pitt SSHP Membership ($10) \_\_\_\_\_\_\_\_\_

Student State PSHP Membership ($28) \_\_\_\_\_\_\_

Student National ASHP Membership\*\*\*($49) \_\_\_\_\_\_\_

TOTAL $\_\_\_\_\_\_\_\_\_

*\*A Pitt membership will allow you to participate in our projects, career development events, etc. Adding the state membership will give you access to publications and the ability to attend state meetings. Adding a national membership will get you a discounted rate for Midyear.*

*\*\*You must be a Pitt SSHP Member ($10) to get reimbursement for Midyear.*

Enclose CASH or CHECKpayable to the University of Pittsburgh (check preferred).

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**\*Only for National Members\***

Please become a national member online:

Visit Ashp.org. Then click “Member Center” 🡪 “Join/Renew” 🡪 “Online”

Click “My Account” 🡪 “Membership Details” and record

Member ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ New or Renewal

\*\*\**National Membership includes an ASHP Section Membership at no additional charge.*

Check the SSHP Projects you are interested in hearing more about or joining! This is to express interest only, not officially sign up. Check as many as you would like. Project leaders will be sending out emails for their first project meetings.

□ Men’s Health (males only) □ Contraception (females only) □ Psychiatric Support

 □ Poison Prevention □ Study Abroad Vaccinations

For Official SSHP Use ONLY:

Check amount $\_\_\_\_\_\_\_\_\_ Check # \_\_\_\_\_\_\_\_\_\_\_\_

Cash Amount $ \_\_\_\_\_\_\_\_\_

Name of Representative Collecting Dues: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_