University of Pittsburgh School of Pharmacy Student Society of Health System Pharmacists (SSHP)

Membership Application 2019-2020 DUE: Friday, January 24th

Last Name:			
First Name:			
Graduation Year:			
Preferred Mailing Address:			
Street Address/City/State/ZIP:			
		Providing your email address allows you to receive	timely updates on ASHP and pharmacy-related news
		and information. ASHP does not sell or distribute en	nail addresses.
STUDENT ANNUAL MEMBERSHIP DUE	S 2019-2020: Circle all that apply		
Pitt SSHP Membership (\$10)	Circle One: YES / NO		
A Pitt membership will allow you to participate in ou	r projects, career development events, etc.		
TURN INTO ANY SSHP E-board Member			
CHECKS made out to: University of Pittsburgh			
*Student State PSHP Membership (\$28)	Circle One: YES / NO		
Adding the state membership to your Pitt membershattend state meetings.	nip will give you access to publications and the ability to		

Adding a national membership to your Pitt membership will get you a discounted rate for Midyear. You MUST be a Pitt SSHP Member to get reimbursement for Midyear!!

Circle One: YES / NO

COMPLETE ONLINE @ashp.org (Link can be found on SSHP Member Facebook Page)

COMPLETE ONLINE @pshp.org/general/register_member_type.asp

*Student National ASHP Membership (\$53)