Texas Society of Health-System Pharmacists
www.tshp.org

Pharmacy Leaders. Transforming Patient Care.

MEMBERSHIP APPLICATION

SAVE TIME - Join online at **www.tshp.org/join** or call (512) 906-0546

Contributions or gifts to the Texas Society of Health-System Pharmacists are not tax deductible as charitable contributions for income tax purposes. However, they may be deductible as ordinary and necessary business expenses subject to restrictions imposed as a result of association lobbying activities. TSHP estimates that the non-deductible portion of your dues, the portion allocated to lobbying, is 33%.

First Name: _____ Middle Name/Initial: _____ Last Name: _____

Personal Email: _____ Date of Birth: _____

PERSONAL INFORMATION: ❑ *Preferred*

Address: _____

City, State, Zip: _____

Phone: _____ NABP ePID: _____

❑ Home ❑ Mobile

PRACTICE INFORMATION: ❑ *Preferred*

Employer: _____

Job Title: _____

Address: _____

City, State Zip: _____

Phone: _____

Email: _____

Perferred Email Communication: ❑ Personal ❑ Work

TSHP & LOCAL CHAPTER MEMBERSHIP:

- ❑ Pharmacist ..... $ 180
- ❑ Industry Associate (non-pharmacist) ..... $ 101
- ❑ Retired (inactive license) ..... $ 99
- ❑ New Practitioner** ..... $ 93
- ❑ Technician ..... $ 51
- ❑ Joint Spouse Member+ ..... $ 113

Spouse Name: _____

** *Only applies to new pharmacists within the first 5 years of graduation (must provide graduation date to left)*

\+ *When accompanied by a full, spouse membership: must indicate spouse above.*

Please indicate your Local Chapter preference based on where you live or work:
Map of Local Chapter coverage areas: www.tshp.org/map

- ❑ **Austin Area** - AASHP
- ❑ **San Antonio** - CTSHP
- ❑ **Tyler/Longview** - ETSHP
- ❑ **Lubbock Area** - LASHP
- ❑ **Amarillo Area** - PSHP
- ❑ **Abilene Area** - WTSHP
- ❑ **Corpus Christi/Kingsville** - CBSHP
- ❑ **El Paso Area** - EPASHP
- ❑ **Houston/Galveston Area** - GCSHP
- ❑ **Dallas/Fort Worth Area** - MSHP
- ❑ **Harlingen/McAllen Area** - RGVSHP

DEMOGRAPHIC INFORMATION:

Graduation Date (past or expected): _____ TSBP License # _____

Pharmacy School / College: _____ Year of Licensure: _____

Practice Setting: *(select one)*

- ❑ Ambulatory Care
- ❑ Education
- ❑ Insurance
- ❑ Managed Care
- ❑ Military
- ❑ Retired
- ❑ Telepharmacy
- ❑ Cardiovascular
- ❑ Government
- ❑ Internet/Virtual
- ❑ Management
- ❑ Pain Management
- ❑ Self Employed
- ❑ Unemployed
- ❑ Consulting
- ❑ Health-System/Hospital
- ❑ Legal
- ❑ Manufacturing
- ❑ Relief
- ❑ Student
- ❑ Veterinary
- ❑ Counseling
- ❑ Infectious Disease
- ❑ Long Term Care
- ❑ Marketing/Sales
- ❑ Retail
- ❑ Technician
- ❑ Wholesale

Other: _____

PAYMENT INFORMATION: ❑ *CHECK ENCLOSED #:* _____

Credit Card #: _____ Exp: _____ CVV/Security Code: _____

Billing Address: _____ City, State, Zip Code: _____

Name of Cardholder: _____

Email Receipt to: _____ Signature: _____

**Save the hassle of remembering to renew: ❑ I authorize auto-renewal using the credit card information above.

RETURN PAYMENT WITH THIS FORM TO:

TSHP, 3000 Joe DiMaggio, Ste. 30-A, Round Rock, TX 78665 | Fax: (512) 852-8514 | jenni.peters@tshp.org
Questions? (512) 906-0546