

Texas Society of Health-System Pharmacists and Component Chapters

MEMBERSHIP APPLICATION

Please Print or Join online at www.tshp.org/Membership/Join TSHP



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 allocated portion to lobbying, is 36%.

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

Preferred E-Mail Address: _____

Pharmacy Practice Setting (select one):

- | | | |
|--|---|---|
| <input type="checkbox"/> Academia | <input type="checkbox"/> Clinic | <input type="checkbox"/> DoD/VA |
| <input type="checkbox"/> Govt. Agency | <input type="checkbox"/> HMO/Managed Care | <input type="checkbox"/> Home Health Care |
| <input type="checkbox"/> Hosp./Health-System | <input type="checkbox"/> Legal System | <input type="checkbox"/> Long Term Care |
| <input type="checkbox"/> Manufacturer/Wholesaler | <input type="checkbox"/> Retired | |
| <input type="checkbox"/> Other: _____ | | |

Home Information:

Address: _____

City, State, Zip: _____

Phone: _____

Practice Information:

Company: _____

Primary Position:

- | | | |
|---|---|---|
| <input type="checkbox"/> Chief Pharmacy Officer | <input type="checkbox"/> Director | <input type="checkbox"/> Assist. Director |
| <input type="checkbox"/> Clinical Pharmacist | <input type="checkbox"/> Staff Pharmacist | <input type="checkbox"/> Clinical Coordinator |
| <input type="checkbox"/> Faculty | <input type="checkbox"/> Industry Rep | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Resident | <input type="checkbox"/> Technician | <input type="checkbox"/> Vice President |

Other: _____

Address: _____

City, State Zip: _____

Phone: _____

Fax: _____ Cell: _____

Preferred Mailing Address: Business Home

Unless checked above, will default to home address.

Year of Original Licensure/Registration: _____

Local Component Chapters:

- | | |
|------------------------------------|-------------------------------|
| Austin Area - AASHP | San Antonio - CTSHP |
| El Paso Area - EPASHP | Tyler/Longview - ETSHP |
| Houston/Galveston/SE Texas - GCSHP | Waco/Temple Area - HOTSHP |
| Lubbock Area - LASHP | Dallas/Fort Worth Area - MSHP |
| Amarillo Area - PSHP | |

Optional Section Membership (No Additional Cost):

- | | |
|---|--|
| <input type="checkbox"/> New Practitioner Section | <input type="checkbox"/> Pharmacy Management Section |
| <input type="checkbox"/> Industry Section | <input type="checkbox"/> Technician Section |
| <input type="checkbox"/> Student Section | |

Membership Type:

- | | | |
|---|---------|-------|
| <input type="checkbox"/> Pharmacist | TSHP | LOCAL |
| <input type="checkbox"/> Associate (non-pharmacist) | \$130 | * |
| <input type="checkbox"/> Retired (inactive license) | \$130 | * |
| <input type="checkbox"/> Retired (inactive license) | \$65 | * |
| <input type="checkbox"/> New Practitioner** | \$65 | * |
| <input type="checkbox"/> Technician | \$42.50 | * |
| <input type="checkbox"/> Joint Spouse Member + | \$65 | * |

Spouse Name: _____

* - Refer to Component Chapter Dues Amounts at bottom

** - Only applies to new pharmacists within the first 3 years of graduation

+ - When accompanied by a full, spouse membership

Membership Preferences (Opt-Out):

- I do not wish to receive the free electronic newsletter - TSHP E-News.
- I do not wish to receive information about seminars, education, or other TSHP opportunities.
- I do not approve of \$5 of my dues being contributed to TSHP PAC (non-corporate funds only).

Contributions:

I would like to contribute \$ _____ to:

- TSHP PAC
- TSHP Building Fund
- R&E Foundation (if there is a particular fund which you wish to donate, please indicate): _____

Your TSHP Membership Investment:

Dues Amount (from above):

- | | | |
|---------------|----------|----------------|
| TSHP | \$ _____ | |
| Local Chapter | \$ _____ | Chapter: _____ |
| | | (See Below) |
| Contributions | \$ _____ | |
| TOTAL PAYMENT | \$ _____ | |

Card #: _____

Exp. _____ CVV/Security Code: _____

Billing Address Zip Code: _____

Signature: _____

RETURN PAYMENT WITH THIS FORM TO:
TSHP, 3000 Joe DiMaggio #30-A, Round Rock, TX 78665-3994
Phone: (800) 242-8747 | Fax: (512) 852-8514

Component Chapter Dues Amounts (* - TSHP and CTSHP/GCSHP/MSHP require membership with BOTH the local and state organization.)									
CATEGORY	AASHP	CTSHP*	EPASHP	ETSHP	GCSHP*	HOTSHP	LASHP	MSHP*	PSHP
Pharmacist	35	30*	50	35	30*	20	30	30*	30
Associate	35	30*	50	35	30*	10	30	30*	10
New Practitioner	15	15*	15	15	15*	10	15	20*	25
Student	15	15*	15	15	15*	15	15	15*	15
Technician	20	15*	30	15	15*	10	15	20*	12