



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: _____

Preferred Email Communication: Personal Work

DEMOGRAPHIC INFORMATION:

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

Pharmacy School / College: _____ Year of Licensure: _____

Practice Setting: (select one)

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Ambulatory Care | <input type="checkbox"/> Cardiovascular | <input type="checkbox"/> Consulting | <input type="checkbox"/> Counseling |
| <input type="checkbox"/> Education | <input type="checkbox"/> Government | <input type="checkbox"/> Health-System/Hospital | <input type="checkbox"/> Infectious Disease |
| <input type="checkbox"/> Insurance | <input type="checkbox"/> Internet/Virtual | <input type="checkbox"/> Legal | <input type="checkbox"/> Long Term Care |
| <input type="checkbox"/> Managed Care | <input type="checkbox"/> Management | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Marketing/Sales |
| <input type="checkbox"/> Military | <input type="checkbox"/> Pain Management | <input type="checkbox"/> Relief | <input type="checkbox"/> Retail |
| <input type="checkbox"/> Retired | <input type="checkbox"/> Self Employed | <input type="checkbox"/> Student | <input type="checkbox"/> Technician |
| <input type="checkbox"/> Telepharmacy | <input type="checkbox"/> Unemployed | <input type="checkbox"/> Veterinary | <input type="checkbox"/> 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

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

<input type="checkbox"/> Austin Area - AASHP	<input type="checkbox"/> Corpus Christi/Kingsville - CBSHP
<input type="checkbox"/> San Antonio - CTSHP	<input type="checkbox"/> El Paso Area - EPASHP
<input type="checkbox"/> Tyler/Longview - ETSHP	<input type="checkbox"/> Houston/Galveston Area - GCSHP
<input type="checkbox"/> Lubbock Area - LASHP	<input type="checkbox"/> Dallas/Fort Worth Area - MSHP
<input type="checkbox"/> Amarillo Area - PSHP	<input type="checkbox"/> Harlingen/McAllen Area - RGVSHP
<input type="checkbox"/> Abilene Area - WTSHP	