American Society of Health–System Pharmacists
Maryland Society of Health–System Pharmacists
University of Maryland Student Society of Health-System Pharmacy

ASHP MEMBERSHIP APPLICATION

I. Personal Data
Name: __________________________________________
   First                               M.I     Last

Permanent Address: ________________________________________________________

City: ___________________________ State: _______ Zip: ______________________
   □ Please mark preferred mailing address

School Address: ____________________________________________________________

City: ___________________________ State: _______ Zip: ______________________

Phone #: ______________________ Email: ____________________________@______

School: University of Maryland School of Pharmacy

Anticipated Graduation Date: ___________________________ (Month/Year)

I am a... □ New Member □ Renewal Member (ID #: ___________)

Please CIRCLE your membership choice (choose ONE option)

Local ONLY- UM Student Society and MSHP Only .......................................................... $35.00

National PLUS Local- ASHP Pharmacy Student Forum, MSHP, & UM Student Society .................. $75.00

ASHP AND SSHP MEMBERS ONLY:
Membership in ASHP Sections is FREE to all National ASHP members. You may join as many sections as you wish but only one can be selected as your primary section. Please indicate your first choice with a check mark under ‘primary section,’ then indicate any additional sections in the appropriate column. You may change sections at any time. [Note: if you are only applying for student society membership, you do not need to fill the following table]

<table>
<thead>
<tr>
<th>Primary Section</th>
<th>Additional Section</th>
<th>Description</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home, Ambulatory, and Chronic Care Practitioners</td>
<td></td>
<td>$0.00</td>
<td></td>
</tr>
<tr>
<td>Clinical Specialists and Scientists</td>
<td></td>
<td>$0.00</td>
<td></td>
</tr>
<tr>
<td>Inpatient Care Practitioners</td>
<td></td>
<td>$0.00</td>
<td></td>
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<tr>
<td>Pharmacy Practice Manager</td>
<td></td>
<td>$0.00</td>
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<tr>
<td>Pharmacy Informatics and Technology</td>
<td></td>
<td>$0.00</td>
<td></td>
</tr>
</tbody>
</table>

III. Payment

☐ Check – Please make payable to “ASHP/MSHP Student Chapter”

☐ Cash

Application Received By: ______________________
Cash or Check # ____________

Membership dues and form can be submitted to:
1) Matthew Levit and Jonathan Meyer in Baltimore
   2) Shannon Morrow in Shady Grove
   3) ASHP Mailbox on the 2nd floor of PH South