



Texas Society of Health-System Pharmacists  
www.tshp.org  
Pharmacy Leaders. Transforming Patient Care.

# MEMBERSHIP FORM

**SAVE TIME** - Join online at [www.tshp.org/join](http://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)

☐ 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.

## TSHP & LOCAL CHAPTER MEMBERSHIP:

- ☐ Pharmacist..... \$ 180
- ☐ Industry Associate (non-pharmacist) ..... \$ 101
- ☐ Retired (inactive license) ..... \$ 99
- ☐ New Practitioner\*\* ..... \$ 93
- ☐ Technician..... \$ 51
- ☐ Joint Spouse Member +..... \$ 113
- ☐ Student Pharmacist ..... \$45

\*\* 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.

Spouse Name: \_\_\_\_\_

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

## 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](mailto:jenni.peters@tshp.org)  
Questions? (512) 906-0546