

STUDENT PHARMACIST MEMBERSHIP ENROLLMENT FORM



American Pharmacists Association®
Improving medication use. Advancing patient care.

3 EASY WAYS TO ENROLL

Online: Fast, easy, and secure submission to enroll using a credit/debit card (Student Pharmacists: Visit www.pharmacist.com for more information.)
By Phone: 800/237-APhA (2742) between 8:30 am and 5:00 pm Eastern Time, M-F using a credit/debit card (Visa, Mastercard, American Express, Discover)
By Mail: Print, complete, and return to your APhA-ASP Chapter Membership Vice President.
 APhA Member Services, 2215 Constitution Ave. N.W., Washington D.C. 20037

Disclaimer: NO REFUNDS are given for student memberships.

Please check one: **New/Reinstated** **Renewing Member**

Check one box. All students graduating in 2018 only have the option of signing up as a Transitioning Member.

Transitioning Member **Single Year Member**

Member ID:

REQUIRED GRADUATION YEAR

ANTICIPATED DEGREE

Membership Year 2017–2019:

PREFERRED ADDRESS (SCHOOL)

 PREFIX FIRST NAME INITIAL LAST NAME

SCHOOL E-MAIL ADDRESS

PERSONAL E-MAIL ADDRESS (REQUIRED)

 ADDRESS

 CITY STATE ZIP CODE TELEPHONE

PERMANENT ADDRESS (HOME)

 ADDRESS

 CITY STATE ZIP CODE

 SCHOOL NAME and CAMPUS

PAYMENT

APhA NATIONAL DUES: **Transitioning \$120** **Single \$45**

ASP CHAPTER DUES: _____

STATE ASSOCIATION DUES: _____

*PAC: _____

TOTAL: _____

***GIVE TO THE APhA-PAC! EVEN \$1 MAKES A DIFFERENCE!**

Please check with your APhA-ASP Chapter Membership Vice President for Chapter and State dues amounts.

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Check/MO
 Visa MasterCard AMEX Discover

 NAME ON CARD

 CARD NO.

 EXP. DATE

 SECURITY CODE

Thank you for joining the American Pharmacists Association! To see a list of member benefits please visit www.pharmacist.com