



NHSHP

New Hampshire Society of Health-System Pharmacists, Inc.

2010 Membership Application

Member Name: _____
 Address: _____
 City, State, Zip: _____
 Day Time Phone: _____ Evening Phone: _____
 Employer: _____
 Preferred E-Mail Address: _____

NHSHP Membership runs the calendar year: Jan 1st to Dec 31st

| Membership Category | Membership Fee | Total |
|-------------------------|---|-------|
| Pharmacist | \$40.00 | |
| Supporting Member | \$35.00 | |
| Technician | \$25.00 | |
| Student | Free with copy of current college ID | |
| Membership Total | | |

Please select one favored means of notification:

Preferred announcement method, e-mail **FREE**

Preferred announcement method, US Postal Service **\$5.00**

Total Due

- Pharmacist membership is open to all licensed pharmacists who reside or work in New Hampshire.
- Supporting membership is open to all individuals who work in health services. Supporting members include, but are not limited to medical service representatives, pharmacy instructors, hospital administrators, etc.

Please check one practice category:

- | | |
|--|---|
| <input type="checkbox"/> Academia | <input type="checkbox"/> Industry |
| <input type="checkbox"/> Ambulatory Clinic | <input type="checkbox"/> Long Term Care |
| <input type="checkbox"/> Community | <input type="checkbox"/> Managed Care |
| <input type="checkbox"/> Consultant | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Home Care/Home Infusion | <input type="checkbox"/> Retired |
| <input type="checkbox"/> Hospital | |

Complete registration information, enclose check or money order payable to NHSHP and mail to:

Mr. Edward Rippe, RPh
 54 Hawley Drive
 Enfield, NH 03748