

# STUDENT PHARMACIST MEMBERSHIP ENROLLMENT FORM



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

**APhA**

## 4 EASY WAYS TO ENROLL

**Online:** Fast, easy, and secure submission to enroll using a credit/debit card (Student Pharmacists: Visit [www.pharmacist.com](http://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

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

Check one box. All students should choose single year EXCEPT those students graduating in 2015 who are eligible to select the Dual Year membership option.

**Single Year Member**  **Dual Year Member**

**Member ID:**

**REQUIRED GRADUATION YEAR**

**ANTICIPATED DEGREE**

**Membership Year 2014-2015:**

## 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:  Dual \$115.00  Single \$45.00

\_\_\_\_\_  
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.

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](http://www.pharmacist.com)