

***760 Alexander Road, P.O. Box 1***

# **Princeton, N.J. 08543-0001**

***Telephone: (609) 936-2205***

## Facsimile: (609) 228-5434 www.njshp.org

#### New Jersey Society of Health-System Pharmacists

Please print clearly

□ New Application □ Renewal (ONLY write in corrected information)

Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Membership Application

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-Mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*(PLEASE ADD $5 SURCHARGE IF NO EMAIL IS AVAILABLE**)

NABP e-Profile ID \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth (Month/Day) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer/School Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Send Mailings to: **(Please check one!)** □ Home Address □ E-Mail □ Employment/School Address

(Make sure email address is clear)

**Position** Please check only one

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| □ | Director of Pharmacy | □ | HMO | □ | College or Univ. Faculty |
| □ | Associate or Assistant Director | □ | Gov’t or Organization | □ | Pharmacy Technician |
| □ | Supervisor, Senior Pharmacist | □ | Resident | □ | Pharmacy Student Full Time |
| □ | Clinical Coordinator | □ | Consultant Pharmacist | □ | Home Health Care |
| □ | Staff Pharmacist | □ | Community Pharmacist | □ | Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Local Chapter:**  Please check preferred regional chapter (See Reverse Side)

□ Northern □ North Central □ Central □ Southern

**Type of Membership (12-month membership, starting with the month *after* the application has been processed.)  
Active Dues Dues**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| □ | Practicing | $ 155 | □ | Retired | $ 55 |
| □ | Practicing (2 Year Option) | $ 285 | □ | Retired (2 Year Option) | $ 95 |
| □ | Joint Practicing (Member/Spouse) | $ 230 | □ | Resident/Fellow | $ 70 |
| □ | Joint Practicing (2 Year Option) | $ 420 | □ | New Practitioner, 1st year | $ 95 |

**Associate Dues Dues**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| □ | Supporting | $ 155 | □ | Joint Supporting | $ 230 |
| □ | Supporting (2 Year Option) | $ 285 | □ | Joint Supporting (2 Year Option) | $ 420 |
| □ | Pharmacy Technician | $ 60 | □ | Pharmacy Student Full Time | $ 30 |
| □ | Retired Pharmacy Technician | $ 30 |  |  |  |

**\*PLEASE ADD $5 (per year) SURCHARGE IF NO EMAIL IS AVAILABLE**

**Payment Type:** □ Credit Card – Card Type (Circle One) VISA MC AMEX □ Check □ Cash

Credit Card Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Exp. Date (MM/YY): \_\_\_\_\_\_/\_\_\_\_\_\_ CVV code: \_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Check here for Automatic Recurring Billing:** □ (NJSHP will charge your credit card each year to renew your membership.)

**Billing Address (If different):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (as it appears on the card): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **(OVER)**

I am interested in becoming more involved in activities of the Society.

Please contact me to discuss the following:

**I. Involvement State Level**   
(check all that you might be interested in)

A) State Officer Positions:  
□ President-Elect □ Secretary □ Treasurer  
  
Director Of:  
  
□ Professional Affairs □ Educational Affairs □ Organizational Affairs

□ Technician Affairs □ Public Policy

B) Council Committee Membership  
□ Professional Affairs □ Educational Affairs □ Organizational Affairs □ Technician Affairs  
□ Public Policy  
□ Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**II Involvement Chapter Level**  
(check all that you might be interested in)

A) Chapter Officer Positions  
 □ President-Elect □ Secretary □ Treasurer

B) □ Help plan monthly programs

|  |  |
| --- | --- |
| **Regional Chapters**  Regional Chapters are listed by county merely for convenience and geographic reference. Individual preference, residence, or employment can influence choice of Regional Chapter.  **Northern**: Bergen, Hudson, Passaic, and Sussex Counties  **North Central**: Essex, Morris, Union, and Warren Counties  **Central**: Hunterdon, Mercer, Middlesex, Monmouth, Ocean, and Somerset Counties  **Southern**: Atlantic, Burlington, Camden, Cape May, Cumberland, Gloucester, and Salem Counties | **Type of Membership**  Active Membership   1. Pharmacists who are involved with and contribute to Pharmacy through their practice. 2. Retired pharmacist members of the Society.   Associate Membership   1. Non-pharmacists who by their supportive work contribute to Pharmacy through their practice. 2. Full time pharmacy students in accredited schools of pharmacy. |

Please send this completed application to:   
**New Jersey Society of Health-System Pharmacists**  
760 Alexander Road, P.O. Box 1

Princeton, NJ 08543-0001

www.njshp.org

(609) 936-2205 Fax: (609) 228-5434

**For Society Use Only:**

Received on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Check #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Amt.: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Credit Card Approval#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rev. 11/15