Joint Membership Special 10% OFF





Mississippi Society of Health-System Pharmacists

Become a member of two associations dedicated to your profession in pharmacy.

The Mississippi Pharmacists Association supports all areas of pharmacy, including health-system, academia, chain, independent, technicians and students. MPhA has over 1,000 members. Founded in 1871, Mississippi was the 6th state to form a pharmaceutical association. The association is led by an elected Executive Committee of pharmacists and an Executive Director. MPhA has nine districts throughout the state, ensuring communication and involvement with all members on a community level.

MPhA Membership Benefits:

- Representation as the one voice of pharmacy at the Capitol in Jackson and Washington D.C.
- Networking Opportunities
- Variety of continuing education programs
- Personal and professional member-only partnerships

MSHP is a professional society of pharmacists and related personnel practicing in organized healthcare settings. Founded in 1953, the MSHP society has over 500 members. MSHP is a state affiliate of the American Society of Health-System Pharmacists (ASHP). MSHP has three districts throughout the state to facilitate member involvement on a local level. An elected Board of Directors governs MSHP.

MSHP Membership Benefits:

- Communication with colleagues
- Continuing education programs
- Consultant pharmacist certificate program
- MSHP website (www.msshp.org)
- Public relations opportunities
- Affiliation with ASHP

Title:	□ Mrs. □ Ms.	Dr.	Annual Joint Dues Rates:	
Name:		□ Ы.	Student (free for MPhA)	9 \$10
			Pharmacist	216 \$2 2 5
LAST	FIRST	INITIAL	Pharmacy Technician	63 \$79
Mailing address:			\square Joint Pharmacist (husband/wife)	315 \$ 32 5
			\square Pharmacist – retired and over 65	149 \$180
STREET ADDRES	S	APT/SUITE	☐ Non-pharmacist/Associate	171 \$1 7 5
CITY	STATE	ZIP	Other:	
-			☐ Mississippi Pharm-PAC	\$20 / \$50 / \$100
Primary phone: (\square Mississippi Pharmacy Foundation	\$15
Fax: ()			An optional charitable contribution MPhA's Education/Research division	
Email:			Payment Options:	
Employer:			Enclosed is my check in the amount of \$	5 made
Employer City/State:			payable to MSHP	
			☐ I want to pay my dues in full. Please bill	my credit card below
			101 4 <u></u>	
Graduate of: Graduation Year:			☐ MasterCard ☐ Visa ☐ Amer. Express ☐ Discover	
			Card #	
Please mail completed form and payment to:			Exp. Date: / Security of	code:

Please mail completed form and payment to:
Mississippi Health-System Pharmacists, P.O. Box 4826,
Jackson, MS 39296-4826

Or email to: info@mspharm.org
Or fax to: 601-981-0451