



IT'S TIME TO JOIN or RENEW YOUR MEMBERSHIP FOR 2018

Mailing Address:

Name _____

Address _____

City _____

State _____ Zip _____

Phone _____

Place of Employment:

Business name _____

Job Title _____

NAPB Number _____

Birthday Month _____ Day _____

Email Address _____

MEMBERSHIP CATEGORIES

Active Membership _____ \$90.00

Pharmacist who supports the goals and objectives of MSHP

Joint Active Membership _____ \$150.00

Pharmacist and spouse

Student/Resident Associate Membership _____ \$10.00

Students or Residents enrolled in an accredited College of Pharmacy or Residency Program full-time Year of graduation _____

Pharmacy Technician Membership _____ \$20.00

Pharmacy Technicians

Supporting Associate Membership _____ \$90.00

Non-Pharmacists

Contributions:

MSHP Political Action Committee PAC _____ \$50.00

(Please use a separate check)

_____ \$100.00

_____ Other

Please mail this form and your payment (check made payable to MSHP) to:

Mississippi Society of Health-System Pharmacists

P.O. Box 4826, Jackson, MS 39296-4826

Or pay on-line at: www.msshp.org