

Vermont Society of Health-System Pharmacists Membership Application / Renewal Form

APPLICATION FOR NEW MEMBERS AND RENEWALS

Membership from *April 1, 2011* to *March 31, 2012*

Name: _____

Address: _____

City _____ State _____ Zip _____

Phone: Home _____ Work _____

E-mail: _____

(We would like to e-mail notices of upcoming events and news)

Employer: _____

Are you an ASHP member? Yes No

PLEASE CHECK ALL THAT APPLY:

Pharmacist \$35 before 04/01/11 \$40 after 4/01/11

Pharmacy Student, Resident, Fellow \$15

Technician \$15 → Are you a certified Pharmacy Technician? Yes No

Associate Member \$35 (non-pharmacy related)

PLEASE SEND YOUR COMPLETED APPLICATION FORM TO:

Lisa Jackman, CPhT
VtSHP Secretary
127 W. Main Street
Vergennes, VT 05491

PAYMENT OPTIONS:

You can go to our website and pay on-line at <http://www.vtshp.net/> **OR** send a check payable to VTSHP to Lisa Jackman at the address listed above.

Questions? Email lisa.jackman@vtmednet.org

Please consider donating to the scholarship fund.

Jaeger/Wischart \$1.00 \$5.00 \$10.00 \$25.00 \$50.00 \$100.00