

VtSHP Membership Form

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: Home: _____

Phone: Work: _____

E-mail: _____
(we would like to e-mail notices of upcoming events & news)

Employer: _____

Are you an ASHP member? Yes No

PLEASE CHECK ALL THAT APPLY:

- Pharmacist \$40
- Technician \$20 (certified? Yes No)
- Pharmacy Student, Resident, Fellow \$20
- Associate Member \$40 (non-pharmacy related)

**PLEASE SEND REGISTRATION FORM AND CHECK
MADE OUT TO VtSHP TO:**

Lisa Jackman, CPhT
VtSHP Secretary
27 Bobolink Circle
Essex Jct., VT 05452-2234

Questions?

Email: lisa.jackman@vtmednet.org

Please consider donating to the scholarship funds.

\$1.00 \$5.00 \$10.00 \$25.00 \$50.00 \$100.00