

HELP SHAPE THE FUTURE OF PHARMACY

Join The New York State Council of Health-system Pharmacists

For quick and easy registration, go online to www.nyschp.org.

NYSCHP
230 Washington Ave. Ext., Suite 101
Albany, NY 12203

Contact us:
Phone: 518-456-8819
Fax: 518-456-9319
office@nyschp.org

By occasionally reviewing your profile online and keeping your information current, you will continue to receive up to date information regarding educational programs and Chapter activities.

www.NYSCHP.org

Founded in 1958 as the New York State Council of Hospital Pharmacists, The New York State Council of Health-system Pharmacists is a professional Society of 2,000 pharmacists, pharmacy technical personnel, students, industry personnel, and others interested in the advancement of pharmacy as an essential component of health care.

Members coordinate pharmaceutical care for patients in ambulatory, long-term, managed, home and acute care settings.

NYSCHP is the State affiliate of the American Society of Health-System Pharmacists. (ASHP)



Mission Statement

The mission of the New York State Council of Health-system Pharmacists is to represent its members and advance pharmacy as an essential component of health care. The Council provides leadership and resources to promote quality pharmaceutical services directed at appropriate medication therapy and positive patient outcomes.

The New York State Council of Health-system Pharmacists Membership Application



NYSCHP Membership Categories

- Active Member (P)** \$255
For licensed pharmacists
- Active Pledge (PG2)** \$125
Pharmacist that have not been a member for the past 3 years.
- Joint Member (J)** \$255/125
Husband/Wife— One spouse pays Active Member dues, the other spouse pays a reduced rate.
- Retired (R)** \$100
- Associate (A)** \$255
For those who contribute though a company pharmacy practice
- Student (S)** \$20
Students enrolled in full-time undergraduate or graduate pharmacy program in an accredited college of pharmacy.
- Resident** \$60
Currently enrolled in a residency program
- Pharmacy Technician (T)** \$50
For technical personnel in their 25+ months of membership
- Technician Pledge (T2)** \$25
For technical personnel in their 13-24 months of membership

First Name: _____

Last Name: _____

Title: _____

DOB: _____ Gender: M F

Email Address: _____

School: _____ Graduation date: _____

Home Address: _____

City, State, Zip: _____

Phone: _____

Place of Employment: _____

Please select a chapter below

Primary Secondary

- Central o
- Long Island o
- New York City o
- Northeastern o
- Rochester o
- Royals o
- Southern Tier o
- Westchester o
- Western o

A primary chapter is included
with your council
membership.

A secondary chapter is
available for \$35.

Payment:

- My check is enclosed made out to NYSCHP
- Charge to: MC VISA AMEX DISCOVER

Card Holder's Name: _____

Card Number: _____

Expiration Date: _____ Security Code: _____

Billing Address: _____

- Membership Dues (includes primary Chapter) \$ _____
- Additional Chapters - \$35 per chapter \$ _____
- Research and Education Foundation (optional) \$ _____
- Total** \$ _____

Dues include an annual subscription to NYSCHP publication *the Journal of Pharmacy Practice*. Members may not deduct the subscription price from the dues. Dues payments to NYSCHP are not tax deductible as charitable contributions for income tax purposes. However, they may be tax deductible as ordinary or necessary business expenses subject to restrictions imposed as a result of association lobbying activities.

Signature (required): _____