



NHSHP

New Hampshire Society of Health-System Pharmacists, Inc.

2019 Membership Application

Name: _____

Address: _____

Email: _____

NABP# _____ MM/DD of birth: _____

Membership Category Annual Dues		
Pharmacist	\$75	
Pharmacy Technician	\$30	
Supporting Member	\$50	
Pharmacy Resident	\$30	
Retired Pharmacist	\$30	
Pharmacy Student <i>Must be enrolled in Accredited School of Pharmacy</i>	\$10	
Scholarship Donation <i>Please consider donating</i>	Any Amount	
Total		\$

NHSHP Mission

To advance patient outcomes by promoting the professional interests of pharmacists, pharmacy technicians, pharmacy residents, and pharmacy students, practicing in settings spanning the full spectrum of medication use.

Thank you for supporting our local efforts in promoting pharmacy practice!

Checks made out to: NHSHP

Mail checks to our Treasurer at:

NHSHP, PO Box 544, Holderness, NH 03245