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**2017 Membership Application**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NABP# ­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MM/DD of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- |
| Membership Category Annual Dues |  |  |
| Pharmacist  | $75 |  |
| Pharmacy Technician  | $30 |  |
| Supporting Member  | $50 |  |
| Pharmacy Resident  | $30 |  |
| Retired Pharmacist  | $30 |  |
| Pharmacy Student *Must be enrolled in Accredited School of Pharmacy* | $10 |  |
| Scholarship Donation*Please consider donating* | AnyAmount |  |
| 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**