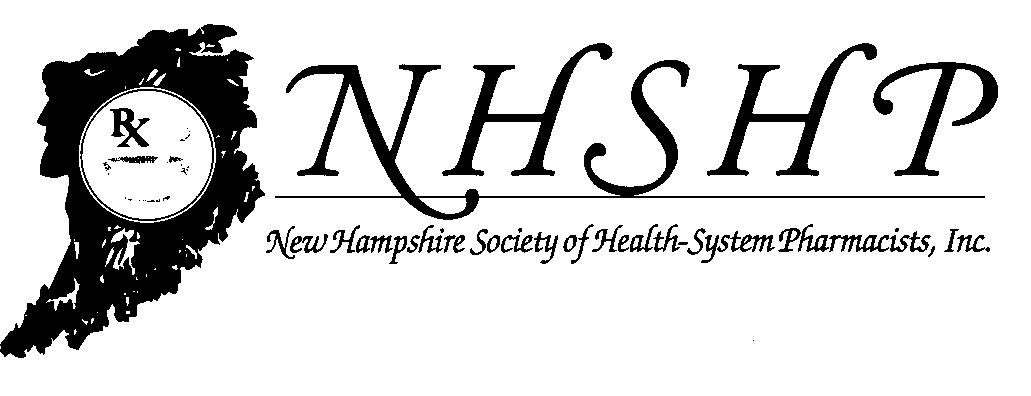
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**2017 Membership Application**

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  *Must be enrolled in Accredited School of Pharmacy* | $10 |  |
| Scholarship Donation  *Please consider donating* | 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**