Return completed application form AND check to your local TTSSHP mailbox or officer. TTSSHP mailboxes are available at all campuses.

Texas Tech Student Society of Health-System Pharmacists (TTSSHP) Membership Application

☐ New ☐ Renewal Application Date _____

Name _____
Last First Middle

☐ Texas A&M University ☐ Texas Southern University ☑ Texas Tech University

☐ University of the Incarnate Word ☐ University of Houston ☐ University of Texas

Preferred E-Mail address: _____ ☐ M ☐ F

Permanent Address _____

City, State, Zip _____

Phone _____

School Address _____
(Local personal address. DO NOT USE TTUHSC-SOP's ADDRESSES)

City, State, Zip _____

Phone _____

Anticipated Date of Graduation (Month/year) _____

Preferred Mailing Address: ☐ Permanent ☑ School Date of birth: _____
(Address where printed journals, professional meeting information, etc will be sent.)

Membership Dues:

Student Society of Health-System Pharmacists (TAMU, TSU, TTUHSC, UH, UIW, UT)	$ 10
Texas and Local Society of Health-System Pharmacists	$ 25
American Society of Health-System Pharmacists	$ 38
Total Payment:	$ 73

Make checks payable to " TTSSHP ".

P3/4 Students: For TSHP local chapter assignment, please indicate rotation location: ☐ Amarillo ☐ Austin ☐ DFW ☐ El Paso ☐ Houston/Galveston ☐ Lubbock ☐ San Antonio ☐ Temple/Waco ☐ Tyler

If you are RENEWING your membership, please indicate your ASHP member ID# _____
ASHP Membership includes an ASHP Section at no additional charge. Please indicate which section(s) you wish to join: ☐ Section of Home, Ambulatory and Chronic Care Practitioners. ☐ Section of Pharmacy Practice Managers ☐ Section of Clinical Specialists and Scientists ☐ Section of Inpatient Care Practitioners ☐ Section of Pharmacy Informatics and Technology.

Please allow up to 3 weeks for processing after your application has been received by ASHP.

White copy - Student Chapter; Yellow Copy - TSHP; Pink Copy - ASHP; Gold Copy - Student