What do you get?

# **Benefits of Membership**

#### **Affiliation with a Premium Brand**

FSHP is one of the largest affiliates of the American Society of Health-System Pharmacists (ASHP).

#### Advocacy

When over 3,000 FSHP members speak as "one voice" advocating on an issue in Florida, people listen.

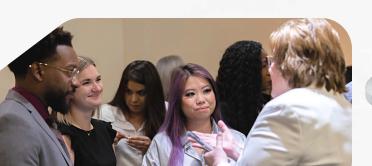
## **High-Quality Education**

Board approved provider of pharmacy continuing education, including regional live events & online learning.

### Leadership and Involvement

Professional growth doesn't stop with C.E. Taking on leadership roles within your profession are key to your professional growth.

For everyone, from students and technicians to Directors, FSHP offers many opportunities for you to get involved locally, state-wide, and even nation-wide!





Phone 850-906-9333

Email fshp@fshp.org

Mailing Address
2910 Kerry Forest Pkwy
D4 Suite 376
Tallahassee, FL 32309

More info at FSHP.org





The Florida Society of Health-System
Pharmacists (FSHP) is the professional
association of pharmacy practitioners
that promotes and supports the
continual improvement of
pharmaceutical care and the profession
of pharmacy as an essential component
for the delivery of health care.

More info at FSHP.org

# **Membership Types**

**Pharmacist -** Registered pharmacists, in good professional standing.

**Joint -** Active membership for married couples who are both registered pharmacists.

**New Graduate -** For newly graduated pharmacists. 6-month membership, expires in January.

**Resident/New Practitioner -** For registered pharmacists in a pharmacy residency or fellowship program (Resident) or otherwise newly licensed.

**Graduate Student -** For registered pharmacists enrolled in a full-time professional or graduate degree program.

**Pharmacy Student -** Any **unlicensed** graduate or undergraduate enrolled in an accredited school of pharmacy in the US. Not eligible to receive CE.

**Retired (Pharmacist/Technician)** - Pharmacist or Technician members who have been active in the society, are age 65 or older, and have retired from full-time or part-time employment as a pharmacist or pharmacy technician.

**Technician -** Pharmacy Technicians (registered or certified) practicing in the State of Florida.

**Technician Student -** Individuals enrolled in a Florida Board of Pharmacy approved pharmacy technician training program are eligible for a one-year renewable membership, for up to two years.

**Associate** - For members who work in the health services, pharmacy instructors or otherwise are contributing to health-system pharmacy. Not eligible to vote or hold elected office.

Notice: Dues paid to Florida Society of Health-System Pharmacists, Inc. (FSHP), classified as a 501(c)(6) not-for-profit-organization, are not deductible as charitable contributions for federal income tax purposes. However, they may be deductible under other provisions of the Internal Revenue Code (such as ordinary and necessary business expenses) subject to restrictions imposed as a result of lobbying activities. In those situations where dues may be deductible, FSHP estimates that the nondeductible portion of your dues is 20%. If you have further questions, we recommend that you consult with your tax advisor.

## **Membership Application**

Membership Type O Pharmacist - 1 Year: \$199 OPharmacist - 2 Year: \$375 O Joint (Spouse/Spouse): \$325 Retired Pharmacist: \$99 OGraduate Student: \$69 Resident PGY1: \$69 Resident PGY2: \$69 New Practitioner: \$69 New Graduate (6 mo): Complimentary Technician: \$49 Retired Technician: \$24 O Pharmacy Student (unlicensed): \$10 Carried Technician Student: \$10 Associate: \$199 Regional Society (select one) Ocapital (Tallahassee) Ocentral Florida (Orlando) North Central (Gainesville/Lake City) Northeast (Jacksonville/St. Augustine) (Pensacola/Crestview) O Palm Beach (West Palm Beach/Jupiter) (Suncoast (Sarasota/Bradenton) O South Florida (Miami) Southeast (Fort Lauderdale/Broward) Southern Gulf (Forth Myers/Cape Coral) O Southwest (Tampa/St. Petersburg) O Treasure Coast (Vero Beach/Port St. Lucie) Payment Method (select one) Check/Money Order OVisa OMastercard OAmerican Express ODiscover TOTAL PAYMENT: \$\_\_\_\_\_ Card/Check #: Expiration Date:

CVV/Security Code:

Signature:

Please write legibly. Bold fields are required

O New Member	Select One:	
*Full Name:		
*Email Address:		
Phone Number:		
Street Address:		
City:	State:	Zip:
Position Title:		
Employer/School:		
*Required for C.E. credits		
RPh FL License #: <b>PS</b> _		
Consultant License #	: PU	
Registered Pharmacy	Tech #: <b>RPT</b> _	
NABP ID:		
Month and Date of bi	rth (MM/YY):	
Pharmacy Stud	dents & Tech	nnician Students
School/Institution Att	ending:	
Degree:	Year of C	ompletion
Director/Instructor No	ame:	
Contact Number:		
Ot	her Informa	tion
Are you a member of	ASHP? OYes	s O No
Referred by:		

Membership begins the day payment is processed.